



# SHEPHERD GLEN PTA



First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Student Name(s) \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Ok to text Yes No

Email address \_\_\_\_\_

I am interested in:

Event Planning/Volunteering

6th Grade Activities/Fundraising

Communications (flyer distribution/outreach)

Yearbook

Other

**Membership is \$15 per adult**

Please return to school—

Membership due can be paid via cash or check (make checks payable to Shepherd Glen PTA)

**Any questions? Email us about [pta.shepherdglen.com](mailto:pta.shepherdglen.com)**

[www.facebook.com/shepherdglenpta](https://www.facebook.com/shepherdglenpta)

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