

Florida
PTA
 everychild.one voice
 Registration Date: _____

Highland Oaks Middle School PTSA
MEMBERSHIP REGISTRATION FORM

card #
Total Amt. Paid:
Check #

MEMBERS (Whole family can become members)

Circle One	First Name	Last Name	Cost \$8.00 Per Person
Parent/Guardian:			
Parent/Guardian:			
Student member:			
Teacher/Staff:			
Would you like to sponsor a teacher membership? If yes indicate name of teacher below			
Would you like to donate \$1 or more towards support of our Sports/Club Program?			
Total Paid			\$

HOUSEHOLD INFORMATION

Address			
City		State: FL	Zip Code
Phone Numbers	Day:	Cell:	Best Time:
E-Mail Address:			
May we EMAIL you notices about projects/ issues we are working on?		Yes _____	No _____

**STUDENT NAME:	Grade:	HR:
Local Unit ID #00001326	Local Unit Name: Highland Oaks Middle School	Contact Person: Rachel Piper, VP Membership

VOLUNTEER INTEREST

Become AN ACTIVE MEMBER! Volunteers are needed for school activities and PTSA Committees. Whether you work in a classroom, volunteer on a committee or make phone calls, your help is needed. Check the list below and let us know your interest.

VOLUNTEER NAME:	Circle one:	Parent	Student	Other
<u>PTA Committees:</u>				
Fundraising events	<input type="checkbox"/>			
Membership	<input type="checkbox"/>			
Hospitality	<input type="checkbox"/>			
Legislation	<input type="checkbox"/>			
Volunteer Coordinator	<input type="checkbox"/>			
<u>Special Talents:</u>				

<u>Tutoring</u>	
English	<input type="checkbox"/>
Math	<input type="checkbox"/>
Science	<input type="checkbox"/>
Other	<input type="checkbox"/>

