

KODA Middle School PTA Membership Form

PTA Use Only

Date Received: _____

Amount Received: _____

Card(s) Issued: _____

Member Information - Dues \$7.00 per person Cash or Check made payable to KODA PTA

Parent/Guardian Teacher/Staff Grandparent Community Member

Member's Name: _____

Email: _____

Phone Number(s): Home: _____ Cell: _____

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 Parent/Guardian Teacher/Staff Grandparent Community Member

Member's Name: _____

Email: _____

Phone Number(s): Home: _____ Cell: _____

Student(s) Information

Student's Name: _____

Grade: _____ Homeroom #: _____ Teacher Name: _____

2nd Student's Name: _____

Grade: _____ Homeroom #: _____ Teacher Name: _____

3rd Student's Name: _____

Grade: _____ Homeroom #: _____ Teacher Name: _____

Volunteer
YOU CAN MAKE A DIFFERENCE



Would you like to volunteer? Do you have professional skills that could help our fundraising, advocacy or educational enrichment efforts? Do you have a local business? Does your employer make charitable donations? Are you interested in helping with any PTA activities or events? Let us know!

www.KodaPTA.org