

## 2019-20 PTA Membership Form

Membership Type: ☐ Individua ☐ ECMS Star	al \$10.00 ☐ Family \$15.00  ff ☐ Returning Member ☐ Returning Member ☐ Date Entered
Payment Method: ☐ Cash ☐ Additional PTA Donation: \$	Credit/Debit □ Check # Total Paid \$
Please Make Checks Payable to: E	CMS PTA (Note: there will be a \$25 charge for all returned checks)
Please ca	refully <i>PRINT</i> all information
Member #1 Name:	Phone:
E-mail Address (**required for NCPT	ΓA registration):
Please print legibly	
Family Membership Member #2 Name:	Phone:
E-mail Address (**unique email addı	ress required for NCPTA registration):
Please print legibly	
	mbership card information will be emailed to you through the NCPTA stions, please email us at <a href="mailto:ecmspta@gmail.com">ecmspta@gmail.com</a>
Please note: If you use your workplace email a	receive PTA news to the email provided. You may opt out at any time. address, your employer may block receipt of our emails. address to ensure that you receive all emails.
Optional: Student's Name:	Homeroom Teacher:
Student's Name:	Homeroom Teacher:

## Get Involved!

I am interested in the following board positions and/or committees:

Area of Interest		Interest Level		
Board Member (President, VP, Treasurer, Secretary)	Leader	Volunteer	Occasional	None
Communications / Website	Leader	Volunteer	Occasional	None
Fundraising: Sponsors, Spirit Nights, Passive	Leader	Volunteer	Occasional	None
Teacher Appreciation / Guest Hospitality	Leader	Volunteer	Occasional	None
Cultural Arts / Reflections	Leader	Volunteer	Occasional	None
Book Fair	Leader	Volunteer	Occasional	None
Dances: PBIS, 8th Grade	Leader	Volunteer	Occasional	None