



2016 – 2017 PTA Membership Form

YES, I want to join!

***Please note that while volunteering is always welcomed, it is not required to join PTA.*

PLEASE PRINT CLEARLY

Member #1 (\$6 per person)

Name _____

Parent Grandparent Teacher Staff Community Partner Other _____

Address _____ City _____ State ____ Zip _____

Email _____ Phone _____ Home Work Cell

Would you like to receive text messages from Cimino PTA for reminders of important events? Yes No

If yes, please provide your cell # () - & carrier _____
(Verizon, AT&T, Sprint, etc.)

Member #2 (\$6 per person)

Name _____

Parent Grandparent Teacher Staff Community Partner Other _____

Check here if address and phone same as above.

Address _____ City _____ State ____ Zip _____

Email _____ Phone _____ Home Work Cell

Would you like to receive text messages from Cimino PTA for reminders of important events? Yes No

If yes, please provide your cell # () - & carrier _____
(Verizon, AT&T, Sprint, etc.)

Student Name

Grade

Teacher

Student Name	Grade	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When you join the PTA you join a community that encourages student achievement and enriches the learning environment by supporting our school, teachers, staff, and students.

Please note that memberships are per person, not per family, as required by the Florida and National PTAs. Your \$6 per person dues grants you membership to the Cimino PTA, Hillsborough County Council PTA, Florida PTA, and National PTA.

PTA Use Only:

Date Paid _____ Amount Paid _____ Cash Check # _____ Credit Auth # _____

Membership Cards Received (Qty _____) Discount Cards Received (Qty _____)

Membership ID _____ Membership ID _____