



Membership Enrollment Form 2024-2025

Thank you for joining the Everglades K-8 Center PTSA! Please fill out the form below and return it along with your **\$5.00 per ADULT and/or \$5.00 per Student** dues to Everglades K-8 Center PTSA *In order for you to participate in the PTA board elections, you **MUST** be a PTSA member 30 days before a scheduled election date.

USE CAMERA TO SCAN AND JOIN ELECTRONICALLY

STUDENT MEMBER \$5.00



Please print name of student in block letters.

Student's Name: _____ Teacher: _____ Grade: _____
Student's Name: _____ Teacher: _____ Grade: _____
Student's Name: _____ Teacher: _____ Grade: _____

ADULT MEMBER \$5.00



Parent/Guardian Community
Please Print names in block letters

Last Name: _____
Phone Number: _____

First Name: _____
Email: _____

Last Name: _____
Phone Number: _____

First Name: _____
Email: _____

Please indicate if you are available to volunteer:
 YES NO

PTA USE ONLY: Total Cash amount rcvd: _____

Rec'd by: _____ **Date Rec'd:** _____