

PTA Membership Form

Your involvement will make a difference

(Please fill it out, attach a \$10 check payable to MRE PTA and return to your child's teacher)

First Name: _____ Last

Name: _____

Address: _____

State: _____ Zip: _____

Spouse, grandmother, grandfather or any other family member can join; it's only \$10/member. If additional family members want to be PTA members please fill out their name here:

Name: _____

Name: _____