



EVERGREEN MIDDLE SCHOOL PTA

MEMBERSHIP ENROLLMENT FORM

MEMBER #1 NAME (LAST, FIRST) _____

E-MAIL (PLEASE PRINT CLEARLY) _____

PHONE _____

MEMBER #2 NAME (LAST, FIRST) _____

E-MAIL (PLEASE PRINT CLEARLY) _____

PHONE _____

ADDRESS _____

STUDENT NAME(S)/GRADE(S) _____

EMAIL USED TO UPDATE YOU ON PTA INFORMATION, ACTIVITIES, AND MEETINGS

I am a: _____ Parent/Guardian _____ EMS Faculty Member _____ Friend of EMS

MEMBERSHIP FEE

AMOUNT ENCLOSED

\$10 PER INDIVIDUAL MEMBERSHIP

DONATION TO EMS PTA

FOR: GENERAL MEMBERSHIP SCHOLARSHIP OTHER (SPECIFY BELOW)

TOTAL:

PLEASE MAKE CHECKS PAYABLE TO:

"EMS PTA"

SEND FORM AND PAYMENT TO:

EMS PTA

7621 BEVERLY LANE

EVERETT WA, 98203

DONATIONS AND MEMBERSHIP DUES ARE TAX DEDUCTIBLE

TAX DEDUCTION INFO AVAILABLE UPON REQUEST

PTA MEMBERSHIP CARDS ARE SENT VIA EMAIL

PTA[®]
everychild.onevoice.[®]

OFFICE USE: CHECK AMOUNT: _____ CHECK #: _____ CASH AMOUNT: _____

ENTERED: _____ INITIALS: _____