

LEE MIDDLE PTO MEMBERSHIP FORM

\$5.00 Yearly Dues

(Please print legibly)

First Name: _____ Last Name: _____

Home #: _____ Alternate #: _____

Student's Name: _____ Grade: _____

Email: _____

Please choose one:

PTO Council _____

PTO Committee _____ (please circle all the areas you are available to help)

Special Events Concession Stand Phone

Teacher of the Month Food

I am available to help: (please circle all that apply)

During school hours After school hours Evenings

Payment:

Cash: _____ Check#: _____ Receipt #: _____

Received By PTO Council Member: _____ Date: _____