

# Cougar Valley PTA Membership Form

Single \$15

Couple \$20

Staff \$13

Name:

Phone:

Spouses Name: (If joining as a couple)

Email:

For new members only:

Address:

City:

State:

Zip:

(Optional) Yes, I'd like to make a donation to Cougar Valley PTA in the amount of \$\_\_\_\_\_.

Please make checks payable to "Cougar Valley PTA" and return to the school office.

To be completed by PTA staff:

Date Rec'd: \_\_\_\_\_ Cash / Check#: \_\_\_\_\_ Amount: \_\_\_\_\_ Staff Initials: \_\_\_\_\_