



PTA Membership Form H

Help support your child's education by joining the SGMS Wolverine PTSA PTA! Date 02/2018
Membership is \$ 5.00 per person. Please make checks payable to St. George Middle School Wolverine PTSA.

1st Member _____ Email _____
 Address _____ City _____, SC Zip _____
 Phone (____) _____ home work cell
 parent student faculty/staff other relationship to student _____

2nd Member _____ Email _____
 Address _____ City _____, SC Zip _____
 Date ____/____/____ Phone (____) _____ home work cell
 parent student faculty/staff other relationship to student _____

3rd Member _____ Email _____
 Address _____ City _____, SC Zip _____
 Date ____/____/____ Phone (____) _____ home work cell
 parent student faculty/staff other relationship to student _____

4th Member _____ Email _____
 Address _____ City _____, SC Zip _____
 Date ____/____/____ Phone (____) _____ home work cell
 parent student faculty/staff other relationship to student _____

If student is not listed above as a new member of the PTA, please list name and grade below:

Student Name _____ Grade _____ Teacher _____

Student Name _____ Grade _____ Teacher _____

_____ memberships @ \$ _____ each = \$ _____ check # _____ cash

THANK YOU!! Please return form to: SGMS Staff/PTSA Membership Application Chair - Genita Davis

For PTA Use:
 Date rec'd: ____/____/____ Cards issued: ____/____/____ Payment amount \$ _____