

Holiday Hill Elementary PTA
Membership Form - \$5.00 per member

Child's Name(s): _____

Teacher's Name(s): _____

Member Name: _____ email: _____

Membership Type: Parent ___ Grandparent ___ Faculty ___ Patron___

Member Name: _____ email: _____

Membership Type: Parent ___ Grandparent ___ Faculty ___ Patron___

Member Name: _____ email: _____

Membership Type: Parent ___ Grandparent ___ Faculty ___ Patron___

Member Name: _____ email: _____

Membership Type: Parent ___ Grandparent ___ Faculty ___ Patron___

Donations: _____

Amount Paid: _____ Check___ or Cash_____ (Please make checks payable to Holiday Hill PTA)