Phillip O. Berry Academy of Technology

PTSA

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PTSA Membership Form

Please complete this form in its entirety and **PRINT CLEARLY** to ensure we record your information correctly. PTSA fees may be paid by cash or check. Checks should be made payable to **POB PTSA** with your child's name in the memo section of the check. **This form and payment may be returned to the PTSA box in the front office or any PTSA Executive Board member.**

PTSA MEMBERSHIP FEES:

PTSA Dues Parent/Guardian - $7.00/per Adult Student - $5.00/per Student **Family - $25.00**

Adult(s) __ X $ 7.00 = ____ *Student(s)* ___ x $5.00 = _____ Family $25.00 = ____ **Total = _____**

Check #: _____ **Cash:** $_____ **Receipt #**: _____

Names and email addresses will be added to the PTSA database for you to receive important updates. If there are additional members or additional phone numbers, please include on a separate sheet when returned.

****P, F, S - P=Parent, S = Student, F= Faculty (circle as appropriate)**

P S F - Member Name _____ Email Address_____

P S F - Member Name _____ Email Address_____

S – Student Member(s) Name(s) _____ Grade(s):_____

Phone Number(s) Cell:_____ Home:_____

Food Lion MVP#:_____ **BiLo Bonus#**:_____