



PTA[®]
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**Great Hollow PTA Membership
Application (2015-2016)**

Member Name(s) (first & last): _____

Member Name(s) (first & last): _____

Full Address: _____

Phone Number: _____

E-Mail Address: _____

Student's Name/Grade/Team: _____

Membership Dues is \$10.00 per member and anyone can join.**

No. of Adults: _____ Total Enclosed: _____ Check No _____.

**Please make checks payable to "Great Hollow Middle School PTA"
Return in envelope to PTA mailbox marked "PTA Membership"**

I want to help! Please contact me about Volunteer opportunities.

I would like to be included on the PTA email distribution list for school and community news updates.

**A List of PTA Committees and Their Chairpersons May be Found at Our Web Site!
www.greathollowpta.com**

Thank you for your support!

GREAT HOLLOW MIDDLE SCHOOL PTA

Card # _____