



Great Hollow PTA Membership Application (2018 – 2019)

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

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

Full Address: _____

Phone Number: _____

E-Mail Address: _____

Student's Name: _____

Student's Grade & Team: _____

Membership Dues are \$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"

-Mail to: Great Hollow Middle School, "PTA Membership," 150 Southern Blvd.,
Nesconset, NY 11767

-or-

-Return in envelope to PTA mailbox marked "PTA Membership"

- I want to be on the Yearbook Committee! Please contact me!
- I want to help! Please contact me about other Volunteer opportunities.
- I would like to be included on the PTA email blast distribution list for school and Community news updates.
- I would like to be included on the remind.com distribution list for school and Community news updates.

A List of PTA Committees and their Chairpersons may be found on our Website!
www.greathollowpta.com

Thank you for your support!
GREAT HOLLOW MIDDLE SCHOOL PTA

Card # _____