

# Gloria Floyd PTA Membership Form

*"The more you know- the more you help your child grow!"*

**First Member \$10.00 – Second Membership or Child Membership \$7.00**

**(Exact Cash Only /Check- Payable to Gloria Floyd PTA )** Total Amount Enclosed \_\_\_\_\_

**First Member's Name:** \_\_\_\_\_

Please check off type of membership: \_\_\_\_\_ Parent \_\_\_\_\_ Student \_\_\_\_\_ Grandparent \_\_\_\_\_ Company

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**Second Member's Name:** \_\_\_\_\_

Please check off type of membership: \_\_\_\_\_ Parent \_\_\_\_\_ Student \_\_\_\_\_ Grandparent \_\_\_\_\_ Company

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
(associated with this membership)

TEACHER/CLASSROOM \_\_\_\_\_

## Gloria Floyd PTA Needs You

**There are lots of ways for you to be involved  
Big or small your HELP is needed and appreciated**

Please indicate below if you would like to help this year as Room Parent, Parent Volunteer, or both. A PTA member will contact you.

Room Parent: -----YES! I would like to be a Room Parent. Parent Volunteer:----- YES! I would like to be a Parent Volunteer

Please let us know if there are specific ways you would like to help, special skills or talents that you would be willing to share, or just anything else that you would like to help out with as a Parent Volunteer this year!

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Book Fair                      Hospitality      Honor Roll      Box Tops      Volunteer Coordinator  
PTA Membership      School Store      AR Field Trips      School Dances      Labels For Education      5th Grade Committee  
Teacher Appreciation      Science Fair

**Child's Name:** \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

PHONE \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_