

Latham Ridge Elementary

PTA Membership Form

Parent Name: _____

(First and Last Name)

Child's Name: _____

Child's Grade and Teacher: _____

(Grade)

(Teacher)

Individual Membership: _____ Family Membership _____

(\$8.00)

(\$10.00)

Please place completed form and cash or check made payable to "Latham Ridge PTA" in an envelope marked "**PTA Membership, ATTN: Miss Sisto**" and return to school.