

PTSA MEMBERSHIP APPLICATION

**Membership:
\$5.00 per person**

Teacher Name: _____

Team Name: _____

Email: _____ @pasco.k12.fl.us

Would you like to become
a board member? Y N

If yes, how would you prefer
to be contacted?

Email Phone #

For PTSA Use Only

Cash

Check

Credit Card

**Soar Into
Formation**

