



PTA MEMBERSHIP FORM

Telephone #			
Address			
E-mail			
Child's Name	Grade	Teacher	
Child's Name	Grade	Teacher	
Select type of membership:Individual (\$10)	Family (\$20;	2 cards)	
Please make checks payable to "Rock View PTA envelope marked "PTA Membership".	A" and return th	is form with your p	ayment in a sealed
Your membership card(s) will be mailed to you	l.		
OPTIONAL DONATIONS			
The Rock View PTA strives to keep the cost of membership affordable for Rock View families. The \$10 dues are distributed to National PTA (\$2.25), Maryland PTA (\$2.00), and Montgomery County Council of PTAs (\$1.00), leaving \$4.75 for Rock View PTA activities.			
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