

Please print clearly

First and Last Name(s) of Adult(s) on Membership:
Street Address:
City, State & Zip:
Cell Phone(s) & Email Address(es):
Please make your \$18.00 check payable to TBT PTA  Yes, please contact me to volunteer at TBT PTA events.
I do not have children enrolled in the school and would like to be a sustaining member.
Student's Name & Student's Grade
1.
2.
3.
You may contact our Membership Chairperson, Wendy Shatz, with any ideas, comments, or questions at <a href="wshatztbt23@gmail.com">wshatztbt23@gmail.com</a> . Please return this form & check to TBT PTA c/o Membership. Your check in the amount of \$18.00 should be made payable to TBT PTA. Thank you for your support!