



TBT PTA

2025-2026 Membership Form

Please print clearly

First and Last Name(s) of Adult(s) on Membership: _____

Street Address: _____

City, State & Zip: _____

Cell Phone(s) & Email Address(es): _____

☐

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, Robin Freed, with any questions at robin.stolar@gmail.com. Please return this form with \$18 check made out to TBT PTA or use this Google Form link with a Zelle option. <https://forms.gle/UZTtn23X27R4d7dVA> You can also send Zelle to pta@temple-bnai-torah.org.

Thank you for your support!