

Bella Vista PTA

PTA MEMBERSHIP FORM 2017-2018

Student(s) Information:

1. First Name: _____ Last Name: _____

2. First Name: _____ Last Name: _____

3. First Name: _____ Last Name: _____

Your membership supports the efforts of PTA and does not require volunteering. Membership dues are \$20 per person and \$30 per family (2 people). Membership dues help support the many PTA programs.

Member(s) Information:

1. First Name: _____ Last Name: _____

Email: _____@_____ Phone: _____

Please check one or more:

☐ Parent/Guardian ☐ Staff ☐ Student ☐ Community Member

2. First Name: _____ Last Name: _____

Email: _____@_____ Phone: _____

Please check one or more:

☐ Parent/Guardian ☐ Staff ☐ Student ☐ Community Member

3. First Name: _____ Last Name: _____

Email: _____@_____ Phone: _____

Please check one or more:

☐ Parent/Guardian ☐ Staff ☐ Student ☐ Community Member

Payment Information:

Memberships: ☐ Individual @ \$20.00, ☐ Family @\$30.00 \$ _____

Suggested Donation (optional): ☐ \$20.00, ☐ Other \$ _____

Total \$ _____

☐ Cash ☐ Check # _____ Payable to **Bella Vista PTA**



Bella Vista PTA provides programs that promote:

Goal 1: **Whole child development**

Goal 2: **Enrichment that nurtures student interests**

Goal 3: **School community connectedness**

Goal 4: **Inclusion and diversity support**

Objective 1: Encourage family engagement with family programs and parent education

Objective 2: Support the school, staff and teachers

Madhu Gelani
President, Bella Vista PTA
BVPTA.Prez@gmail.com



Member Perks

AQUARIUM OF THE PACIFIC
ENTERPRISE CAR RENTAL
SCHOOL APPTITUDE
YOObi
LEGOLAND
CALIFORNIA ACADEMY OF SCIENCES