Eliot-Hine Parent Teacher Organization

Membership Form 2018-19

## 1. Date of Application Form & Payment Received By (leave blank)

**/ /**

**2. Name and Address**

**3. Student(s) Name(s) 4. Homeroom Teacher**

# 5. Telephone - Home 6. Telephone - Work

( ) ( ) -

# 7. Telephone - Cell 8. Text OK?

( ) ◻ YES ◻ NO

# 9. E-mail Address

**10. Membership Type**

AA◻Parent/Guardian ◻ Faculty ◻ Alumni ◻ Community

**11. Method of Payment**

◻ Cash ◻ \*Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ◻ \*Money Order

◻ Credit Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_code \_\_\_\_\_\_\_ Expires\_\_\_\_\_\_\_\_\_\_\_\_

Yearly Membership Dues: $10.00 per adult $

Donation(s): PTO Contribution $

**Total $**

**\*All checks and money orders are to be made payable to Eliot-Hine PTO. Please note that the Eliot-Hine PTO cannot accept responsibility for returned checks. ALL financial fees for returned checks will become issuer’s responsibility.**

Please return the completed form with your dues or donations to a PTO officer or membership chairperson. All information obtained will remain confidential and is collected for membership verification purposes only.