

Get Connected!

Join Castle Hills PTA Today!

Member # 1: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone Number: _____

Member # 2: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone Number: _____

Standard Membership \$5.50 X _____ (# of individuals joining) = \$ _____

Awarded Lifetime Membership \$3.75 X _____ (# of indiv. joining) = \$ _____

Please send my membership card home with:

Student Name

Grade

Teacher

I WILL SUPPORT THE PTA THROUGH

___ MEMBERSHIP ONLY

IN ADDITION TO MY MEMBERSHIP I AM WILLING TO SUPPORT THE PTA BY VOLUNTEERING! PLEASE CHECK YOUR AREAS OF INTEREST BELOW

- ___ ROOM REP
- ___ TEACHER APPRECIATION/HOSPITALITY
- ___ APEX FUN RUN
- ___ LOVED ONES LUNCHES
- ___ BIKE RODEO
- ___ HOLIDAY PARTY
- ___ FIELD DAY

- ___ REFLECTIONS/ARTS IN THE SCHOOL
- ___ BOOK FAIR/LIBRARY SUPPORT
- ___ RED RIBBON WEEK
- ___ CLAY NIGHT
- ___ FUNDRAISING/SILENT AUCTION
- ___ ON CAMPUS SUPPORT/COPY/CLERICAL