



2018-2019 Membership Form

Cost \$7 per Member

Please return this form and payment to your child's teacher or apply online

<https://arnopta.memberhub.store/>

Please write legibly as the information you write will be used

for the PTA communications & entered for your Michigan PTA membership.

Checks made payable to "Arno Elementary PTA" or Cash (Credit available at meetings) Accepted.

Member's Name _____

Members Email & Phone _____

Additional Member's Name _____

Additional Member's Email & Phone _____

Address _____

Child's Name _____ Child's Teacher _____

Child's Name _____ Child's Teacher _____

Child's Name _____ Child's Teacher _____

(Continue on back if necessary)

By submitting this form each child's teacher listed will get a ice cream scoop on their cone for our membership drive challenge. Classroom with the highest percentage of scoops/members will be awarded a prize the end of October. If you do not have a child enrolled in an Arno classroom which class would you like your membership to get credited too? _____

Would you like to purchase an additional scoop for a classroom for \$5? If so please include the extra payment and enter teacher's name here _____

Additional donation to sponsor Arno PTA (optional) \$ _____

"Arno Elementary PTA"

Email us at arnopta@gmail.com



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