



PTO MEMBERSHIP FORM

SUPPORT OUR AMAZING PTO AND CHILDREN!
MEMBERSHIP FEE: \$25.00 PER PERSON

Parent Name: _____

Student Name: _____

Teacher Name: _____

Grade: _____

Amount Enclosed \$ _____

Cash: _____

Check#: _____



(Please make checks payable to Reading Nook Academy PTO)

Please attach payment to this form and send to school.