



PTA Membership Enrollment Form



Primary Role:

- Parent/Guardian
 Teacher/Staff
 Grandparent/Relative
 Other

NAME: _____ x \$7 per member

Phone: (____) _____ - _____ Email: _____

NAME: _____ x \$7 per member

Phone: (____) _____ - _____ Email: _____

Total number of members joining: _____ Amount Paid: _____ Cash/Check# _____

Online membership payment: <https://brooksglobalpta.memberhub.com/dues>

Address: _____

Check here to be added to the Brooks PTA email list for updates & news

Student Name: _____ Teacher _____

Student Name: _____ Teacher _____

Student Name: _____ Teacher _____



PTA Membership Enrollment Form



Primary Role:

- Parent/Guardian
 Teacher/Staff
 Grandparent/Relative
 Other

NAME: _____ x \$7 per member

Phone: (____) _____ - _____ Email: _____

NAME: _____ x \$7 per member

Phone: (____) _____ - _____ Email: _____

Total number of members joining: _____ Amount Paid: _____ Cash/Check# _____

Online membership payment: <https://brooksglobalpta.memberhub.com/dues>

Address: _____

Check here to be added to the Brooks PTA email list for updates & news

Student Name: _____ Teacher _____

Student Name: _____ Teacher _____

Student Name: _____ Teacher _____