
EAST BERNARD ELEMENTARY PTO MEMBERSHIP FORM

PLEASE PRINT CLEARLY

Member Name(s) _____ Parent or Other (please circle)

Phone # _____ Email Address: _____

Student First Name	Student Last Name	Grade	Teacher

MEMBERSHIP

_____ Family Household Membership \$10.00

If you would like to donate more than the suggested membership amount above, please do so. We appreciate your generosity! Please make checks payable to EBPTO and return the completed membership form to your child's homeroom teacher by **September 30, 2019**.