

TEAM UP! JOIN PTA

HVE Membership and Directory Info

(including e-mail and photo permission)

Please check which **Membership** you would like to purchase:

_____ Family Membership - \$14.00 _____ Individual Membership - \$ 8.00
_____ Life Membership (Award Recipients only) - \$5.00

E-Mail permission (PTA communications and Viking Voice - sent via e-mail)

_____ Yes, please add me to the list _____ No, I do not wish to receive e-mails

E-mail Address for PTA Communication: _____

Photo Permission (for your child's likeness to be used in PTA publications)

_____ Yes, I give permission _____ No, I do not give permission

Would you like to make a direct donation to the PTA? Yes _____ Amount \$ _____

TOTALS:

Membership _____ Direct Donation \$ _____ = \$ _____

Make checks payable to HVE PTA Please include DOB & DL# \$30.00 charge on returned items

DIRECTORY INFORMATION: Please print clearly and complete all information.

Student last name: _____

Child/Grade/Teacher _____ / _____ / _____

Child/Grade/Teacher _____ / _____ / _____

Child/Grade/Teacher _____ / _____ / _____

Parents and Address:

*Check those items you **DON'T** want printed in the directory.*

First Name(s): _____, _____ Last Name(s): _____

Address: _____

City, Zip: _____

Phone #'s (H) _____ (C) _____

Emails: (1) _____

(2) _____

YES, I wish to be included in the directory.

NO, I do not wish to have ANY information printed in the directory.

Signature: _____ Date: _____

