



# PTA

## PARENT - TEACHER ASSOCIATION MEMBERSHIP FORM SKIP THE FORM AND USE THE QR CODE!

Today's date: \_\_\_\_\_

Parent/guardian name(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Cadet name & grad year: \_\_\_\_\_

Cadet name & grad year: \_\_\_\_\_

Email address(es) PLEASE PRINT CLEARLY:  
\_\_\_\_\_  
\_\_\_\_\_

Please circle payment method: cash  
Check (made payable to dmapta) # \_\_\_\_\_

Interested in volunteering? Great! We need you!

WEBSITE

BAND APP

PAY DUES

