



everychild. one voice.[®]
cada niño. una voz.[®]

Membership Form

Parent/Guardian Name: _____

Address: _____

Cell Phone*: _____

Email: _____

New Membership

Renewing Membership

*Our school district's phone system requires a number that accepts text messages. **Please indicate if you do NOT WISH to be included on the Southhold PTA Directory.

STUDENT NAME	GRADE	HOMEROOM TEACHER

Family Membership: \$25

Faculty Membership: \$15

We greatly appreciate your membership fees that makes an impact on the resources and rewards every child of Southhold School District. The completed membership form can be mailed to 420 Oaklawn Avenue, Southhold NY 11971 or be sent into school with your child in an envelope labeled PTA. Payment can be made in the form of a check made payable to **Southhold PTA** or we now offer payments online at our MemberHub store (please scan QR Code below).



MemberHub Membership Store

Please consider supporting Southhold PTA's AmazonSmile and Box Tops Program (Scan QR Code below)



AmazonSmile



Box Tops for Education

FOR INTERNAL USE ONLY:

Payment Amount: \$ _____

Method of Payment: Check Number _____

Cash _____