



**Eagle Pride Parent Teacher Organization
2024 - 2025 Membership Form
Membership Fee : \$ 15 Per Family
Signup Online at www.EaglePridePTO.com**



Parent / Custodian or Staff Member Name (s) :

Preferred Contac Phone Number(s):

Email Adress(es):

Special Skill:

Student's Information:

Name : _____ Grade: _____

Name : _____ Grade: _____

Name : _____ Grade: _____

Please return this form and payment to the Dr. Ronald McNair front office.

Please make a check payable to "Eagle Pride PTO".

**If paying by cash, please place it in a sealed envelope addressed to
"Eagle Pride PTO"**