

Montague PTA Membership Form  
\$8.00 a year

Parent/Guardian Name: \_\_\_\_\_

Student's Name(s) and Homeroom(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone : \_\_\_\_\_

Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

**Montague PTA Class Coordinator**  
**Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Please list the class(es) you would like to be coordinator for.

1.

2.

3.

All class coordinators must be PAID PTA members.