



Gavit MS/HS
PTSA
every child. one voice.
Gavit Membership Form

Thank you for taking the time to Join Gavit PTSA. Your membership helps the students, our local PTSA and our State PTA do good things for our children.

Please fill in the following information and include \$6.00 for each person you are joining. If student is joining please put grade level after the email address.

Members Name **Address** **City** **Zip**

Phone # _____ **e-mail address** _____ | _____
Grade level

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Phone # _____ **e-mail address** _____ | _____
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Grade level

Note: Your email will not be shared or sold to anyone. All bulk email sent will be in blind copy so that no one will have access to your email address. If you are willing to help PTSA in any manner please check this box.