

Florida  
**PTA**  
 everychild.one voice  
 Registration Date: \_\_\_\_\_

**Dr. Michael Krop High School PTSA**  
 Membership Registration Form

card #
Total Amt. Paid:
Check #

**MEMBERS**

First Name	Last Name	Cost \$7.00 Per Person
Parent/Guardian:		
Parent/Guardian:		
Teacher Member:		
Student Member:		
Grandparent Member:		
Alumni:		
Others:		
Total Paid		\$

**HOUSEHOLD INFORMATION**

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State: FL \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Numbers Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Best Time: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**Please answer the following questions:**

Have you been a member of this PTSA within the last 12 months? Yes - No  
 In general, how many years have you been a member of PTA?  
 How many PTAs/PTSAs are you currently a member of?  
 May PTA email you notices about projects/issues the organization is working on? Yes - No

**\*\*STUDENT NAME:**

**Grade: HR:**

Local Unit ID #00034680    Local Unit Name: Dr. Michael Krop High PTSA    Contact Person: Elisa Ross    PTA Position: 2nd VP

**VOLUNTEER INTEREST**

Become AN ACTIVE MEMBER! Volunteers are needed for school activities, PTSA Committees, and student tutoring and mentoring. Whether you work in a classroom, volunteer on a committee or make phone calls, all your help is needed. Check the list below and let us know your interest.

**VOLUNTEER NAME:**

Parent    Student    Other

- PTSA Committees:  
 Fundraising events  
 Membership  
 Hospitality  
 Legislation  
 Volunteer Coordination  
 At Home Projects

- Student Tutoring/Mentoring:  
 Math  
 Language Arts  
 Science  
 Art  
 Other

Special Talents: