

**Simonton Elementary School PTA**  
*Every Child! One Voice!*

**Membership 2022-23**

Date \_\_\_\_\_

**Member Information**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone  
Number \_\_\_\_\_

Email \_\_\_\_\_

**Simonton Student Information**

Name \_\_\_\_\_ Gr \_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Gr \_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Gr \_\_\_\_ Teacher \_\_\_\_\_

*(Please list additional Simonton students on the back. All students receive equal credit for each paid membership)*

**Please help us qualify for the Georgia PTA Partnership Award!**

**Partners include business partners, police/fire department members, school board members, senior citizens, health care and other essential workers.**

**Do you qualify? Please specify which field** \_\_\_\_\_

\_\_\_\_\_

**Office Use Only**

**Membership \$6.00**

**# of Members** \_\_\_\_\_ **x \$6.00 =** \_\_\_\_\_ **+ Donation** \_\_\_\_\_ **=** \_\_\_\_\_

**Paid by cash/check #** \_\_\_\_\_ **Date** \_\_\_\_\_ **Square** \_\_\_\_\_

**Received by** \_\_\_\_\_ **Card Issued** \_\_\_\_\_ **Member #** \_\_\_\_\_