



Panther Pride Be a Part of It



Shadow Ridge Middle School PTA Membership Form

Adult 1: _____

Adult 2: _____

Student 3: _____

Student 4: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Primary Email: _____ Secondary Email: _____

SRMS Student Information

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

PTA Membership

Number of Adults _____ Number of Students _____ x \$12 = \$ _____

Texas Life Member – Which school did you receive the award from? _____ PTA / PTSA

Number of Texas Life Memberships _____ x \$10 = \$ _____

Optional Donation \$ _____

Swipe-A-Card Donation: \$10 = 1 Raffle Ticket Raffle Tickets _____ x \$10 = \$ _____

Volunteers

Volunteers are needed for events throughout the year like book fair, copy assistance, special events, etc.

____ Yes, add me to the Volunteer List

____ No, I'm not interested in volunteer opportunities

Cash/Check #: _____ Date: _____ Received By: _____ Grand Total \$ _____

Checks or cash accepted. Please make checks payable to SRMS PTA.

Thank you for Supporting Shadow Ridge Middle School PTA!

Your Membership/Donation is Tax Deductible

Receipt provided upon request.