

**SHAFER MIDDLE SCHOOL
PTO MEMBERSHIP FORM**

Parent/Guardian Name: _____

Address: _____

Phone: Home _____ Cell/Work _____

Student Name: _____ Grade: _____

I can volunteer my time – days/time available _____

Unable to volunteer, but willing to send food, misc. items needed.

Other: _____

****YEARLY DUES: \$10.00 per family****

Thank you for coming to assist in making the Shafer PTO program a success!

Please complete form and return to school in an envelope marked PTO (with dues enclosed).