



2020-2021 PTA Membership Form

MEMBERSHIP TYPE *(Checks Payable to DES PTA)*

PTA Membership
(15.00 per family at same address)

PTA Membership - Teachers ONLY
(10.00 per teacher/faculty member)

MEMBER INFORMATION *(Please Print All Information)*

	Member 1	Member 2 (must be @ same address)
First and Last name		
Relationship to Child (Please check one)	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other: _____	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other: _____
Street Address		
City, State, Zip		
Phone Number		
Email Address		

By providing your email address, you will automatically be subscribed to the DES PTA email distribution list. This list is used exclusively for PTA and school related communications. You are free to unsubscribe at any time. To sign up online, please visit <https://dranesville.new.memberhub.store>. If you would like to join the PTA, but financially cannot, please contact Mariela Bradley at 703-326-5200 or mbradley1@fcps.edu. Questions? For Membership contact Heather Zuzik at 703-861-5120 or desptatreasurer@gmail.com. For other questions contact DES PTA at dranesvillepta@gmail.com.

Child's Name	Teacher	Grade
1.		
2.		
3.		
4.		

PAYMENT INFORMATION

	Amount
PTA Membership	\$ _____
Additional Donation to DES PTA	\$ _____
Total Enclosed	\$ _____

Thank you for supporting your school by joining DES PTA!

PTA Use Only: Date _____ Cash Check # _____ Amount: _____ Completed by _____
 Input into Membership Roster Membership Card Issued

