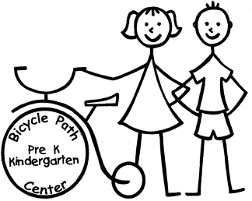
**BICYCLE PATH**

**PTA MEMBERSHIP**

Your **Support** will help improve the **School** to benefit your **Child**

**2024-2025**

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PTA MEMBERSHIP

**INDIVIDUAL MEMBER FORM**

YES PLEASE JOIN TODAY!!! There are so many benefits to joining PTA. Here are a few:

* Children do better when parents and families are involved both at home and at school.
* You are helping your child’s educational experience in so many ways. The membership dollars support the Arts & Education programs throughout the school year. These are special programs, activities and events that are both fun and educational.
* You have an added link to connect with other parents within the school.
* PTA is a place to voice and exchange ideas on ways to make the school year even more rewarding for the children.
* You do not have to attend the monthly meetings, but if you do, you will be more “in the know”.
* You do not have to volunteer for the PTA sponsored activities during the day or during the evening, but if you can, even the smallest bit of help is HUGE not only to the school but to your child.
* There are EXCLUSIVE MEMBER BENEFITS such as special offers and discounts from corporate supporters of PTA; online parenting resources and other materials on issues related to children’s education, health and well-being; a member-to-member network;

e-newsletters on parenting and legislative issues and much more.

**Membership to the PTA is not just for parents and teachers, but for EVERYONE in the community to join. Grandparents, aunts, uncles, sisters, brothers, friends, businesses, etc…even the students can and should join the PTA to support the children having an enhanced educational experience.**

Please complete the form below and return it to the Bicycle Path PTA Membership Chairperson along with $10.00 membership payment. Any questions please contact [bicyclepathpta@yahoo.com](mailto:bicyclepathpta@yahoo.com). **PTA memberships can also be purchased online at bicyclepathschool.memberhub.store.**

Thank you for your continued and appreciated support!!!

(Please PRINT CLEARLY)

TEACHER’S NAME: CLASSROOM: \_\_

Member’s Information:

FIRST NAME: \_\_\_\_\_\_ LAST NAME: \_\_

CHILD’S NAME (First/Last): \_\_

PHONE #: EMAIL: \_\_

PLEASE make your checks payable to: **BICYCLE PATH PTA**. (Please note there are return check fees on ALL returned checks)