



## RIVERVIEW ELEMENTARY PTA MEMBERSHIP FORM

Thank you for our interest in joining the Riverview Elementary PTA! Please fill out the form below and return it along with you \$7.00 per with your child in an envelope marked "PTA". We cannot accept membership forms without payment.

Please provide an email address AND a phone number.

☐ By checking this box, you are giving Riverview PTA permission to contact you using the information provided below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse/Partner Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Student 1**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher: \_\_\_\_\_

T-Shirt size: YS YM YL YXL AS AM AL AXL  
(Please circle one) Y=Youth, A=Adult

Known Student Food Allergies:

\_\_\_\_\_  
\_\_\_\_\_

### **Student 2**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher: \_\_\_\_\_

T-Shirt size: YS YM YL YXL AS AM AL AXL  
(Please circle one) Y=Youth, A=Adult

Known Student Food Allergies:

\_\_\_\_\_  
\_\_\_\_\_

### **Student 3**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher: \_\_\_\_\_

T-Shirt size: YS YM YL YXL AS AM AL AXL  
(Please circle one) Y=Youth, A=Adult

Known Student Food Allergies:

\_\_\_\_\_  
\_\_\_\_\_

### **Student 4**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher: \_\_\_\_\_

T-Shirt size: YS YM YL YXL AS AM AL AXL  
(Please circle one) Y=Youth, A=Adult

Known Student Food Allergies:

\_\_\_\_\_  
\_\_\_\_\_

#### **For Office Use Only:**

##### **Amount**

\_\_\_ Cash \_\_\_\_\_  
\_\_\_ Credit Card \_\_\_\_\_  
\_\_\_ CheddarUp \_\_\_\_\_  
\_\_\_ Check \_\_\_\_\_ Ck# \_\_\_\_\_

**Cheddar Up:**

<https://my.cheddarup.com/c/riverview-pta>