



PTSO Membership Form 2022-2023

Parent Teacher Student Organization

Become a member of Park Vista's PTSO

Together we can all make a difference!

Member Name (Please Print) **Circle One:** Parent / Student / Teacher / Staff

Phone # E-mail

Student Name (Please Print) Student Grade

_____ Please accept my donation and don't contact me to volunteer

_____ I would like to volunteer from time to time (even from home when I can)

_____ I would like to get more involved and possibly chair a committee or become a Director

_____ I own a business, or know someone who does who wants to become a business partner

Please make checks payable to:

Park Vista PTSO

Thank you for your support!

*****PTSO USE ONLY*****

Membership Dues Cost: \$10.00 Qty _____ Total \$ _____