

PTO MEMBERSHIP FORM

Complete the form below sign up for membership



■ Member Information :

Full Name: _____

Full Address: _____

E-Mail: _____

Phone: _____ Text Ok? Yes No

Students currently enrolled at Copeland Elementary:

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

TYPE OF MEMBERSHIP:

☐ FAMILY - \$10

☐ BUSINESS SPONSORSHIP - \$100

Name of Business:

Address of Business:

Name of Business Representative:

Send Money with Zelle®

Scan in your banking app to pay

Payment Method:

☐ Cash

☐ Cash App - \$CopelandPTO

Copeland Pto



zelle

