

Grant PTA Membership 2017-2018

\$25.00

Name _____ Address + zip code _____

Phone _____ E-mail Address _____

<u>Please circle all that apply</u>	(P) Parent	(T) Teacher	(U) Guardian
	(S) School Staff	(G) Grandparent	
	(C) Community	(Y) Youth	(O) Other

Membership _____ **Donation to the Scholarship fund** \$_____.
Make checks to Grant PTA; return form and payment to Grant HS office, 3905 SE 91st Ave.
Portland, OR 97266

Grant High School PTA, as an affiliated constituent of the Oregon PTA, pledges that membership in PTA shall be open, without discrimination, to anyone who believes in and supports the mission and purposes of National PTA.