## THE WINDHAM ACADEMY PTO MEMBERSHIP FORM



YOUR INFORMATION	
Name:	
Address:	
Phone Number:	OK to Text? YES NO
Email Address:	
Student #1:	Grade:
Student #2:	Grade:
Student #3:	Grade:
Have you been fingerprinted and had a background check? YES NO  Will this be your first time volunteering with the Windham Academy PTO? YES NO  HOW ARE YOU INTERESTED IN GETTING INVOLVED?	
COMMUNICATION  Fundraiser Phone Calls Photo Copying Event Setup/Cleanup Whatever is needed! Marketing	EVENTS  Festival of Trees Donation requests Kids Holiday Shop Book Fair Staff Appreciation Teacher Liaison Any event
•	attending 1 meeting per month? YES NO

Thank you so much for your interest and support!