



# St. Peter School PTC Membership Form



## Member Information

\$20 membership fee

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell # \_\_\_\_\_

Is it ok to receive PTC texts: yes no

I have \_\_\_\_\_ students enrolled at St. Peter School. List child(ren)/grandchild(ren)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

How are you interested in getting involved?

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**Your voice matters!**  
**Thank you for your support!**

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