

## ***BE A PART OF OUR TEAM...COME JOIN BCMCS PTO!***

Parents, Grandparents, Aunts and Uncles... All are welcome to join and help support our children!  
Each adult member of your family can register!

### **PTO Membership Form**



(PLEASE PRINT NEATLY)

Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_

Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_

Student's Name:

Teacher's name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Adults Joining (\$8.00/person) \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

Please make check payable to BCMCS PTO

Return form and payment in an envelope marked BCMCS PTO Membership

Help us reach our goal of 100% family involvement!

Looking for volunteer opportunities? Email [PTO@BCMCS.COM](mailto:PTO@BCMCS.COM)

**THANK YOU FOR YOUR SUPPORT!**

For internal use only: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_