



Ho'okele PTA

2017-2018

No meetings or volunteer hours required!

Join \$ 15 (Annual Membership Per Person)

Donate \$ _____ (Non Membership)

Total \$ _____ (Membership and/or Donation)

*Please return to your child's teacher or to the main office. Checks payable to: **Ho'okele PTA.***

Member Information

Name: _____ Phone: _____

Cell Phone: _____ *(required to receive text message updates)*

Email: _____

I am a: ___ Parent ___ Grandparent ___ Guardian ___ Community Member

Signature: _____ Date: _____

Student(s) Information

Name: _____ Grade: ___ Teacher: _____

Name: _____ Grade: ___ Teacher: _____

Name: _____ Grade: ___ Teacher: _____

Would you be able to lend the PTA your helping hands? **Sure!**

Specifically, I am interested in: _____



Your voice matters. Your help is appreciated.