

Eagle View Elementary School  
4500 Dixie Hill Road  
Fairfax, VA 22030  
www.eagleviewpta.com



# Membership Form

We welcome your interest in becoming a member of the Eagle View PTA (Parent Teacher Association). Studies have proven that kids do better when parents are involved. As a member of the PTA, you are joining with other volunteer parents and our school's teachers to make our children's education the best it can be!

Individual (\$10)

Family (\$15)

Teacher (\$5)

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

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

\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

You may submit this form and accompanying payment (cash or a check made payable to "EVES PTA")  
at a PTA sponsored function OR  
return in to your child's teacher in an envelope marked "PTA"

*Thank you for your membership and we hope to see you at PTA sponsored events!*