



Annual Family Membership dues for 2015-2016 = \$10. Cash or Check made out to PVPTO can be sent to the office with this slip. Payment can also be sent via PayPal on www.pv-pto.org. **Signatures are required.**

Print Adults' Names: _____

Students / Grades: _____

☐ Yes, we give permission to PTO to post photos of us and our students on www.pv-pto.org

☐ Yes, we want to be on the PVPTO email list and in the PV directory. A link to the directory will be sent only to those listed in the directory.

☐ Yes, we wish to participate in and volunteer during PVPTO, Inc. activities and release PVPTO, Inc. from all liability and accept risks and responsibilities of participating.

Payment method:

☐ Check enclosed

☐ Payment submitted via PayPal at www.PV-PTO.org

Signatures of all adults in the family who may participate or volunteer:

Directory address: _____

Phone: _____ Email: _____

** If any box is unchecked, you must complete a Request to Restrict Release of Student Data form found on www.pv-pto.org or from the office. (FPS policy #5500)

** If liability release box is unchecked, you are asked not to participate or volunteer.

Forms may be scanned and emailed to pvpto14@gmail.com

Or they may be mailed to:

PV PTO, Inc
4601 W Marquette Ave
Franklin, WI 53132