PTO MEMBERSHIP APPLICATION 2023/24

PARENT INFORMATION (PLEASE PRINT)					
LAST Name:			FIRST Name:		
Home Phone:			Cell Phone:		
Current address:					
	Ctata	Zin Codo:	Empile		
City: State: Zip Code: Email: SECOND PARENT INFORMATION IF APPLICABLE					
LAST Name:			FIRST Name:		
Home Phone:			Cell Phone:		
Current address:					
y: State: Zip Code: Email:					
DAKOTA VALLEY STUDENT INFORMATION					
LAST Name: FIRST Name:					
Grade: Teacher:					
DAKOTA VALLEY STUDENT INFORMATION					
LAST Name: FIRST Name:					
Grade: Teacher:					
CAN WE CONTACT YOU TO VOLUNTEER?					
Events: YES NO Fundraising: YES		NO	Reading Incentive (AR): YES NO		
Teacher Appreciation/Hospitality: YES NO Box Tops: YES NC)	Spelling Bee: YES NO	
ARE YOU INTERESTED IN A LEADERSHIP POSITION?					
Chair a Committee? YES NO			Serve on the Board? YES NO		
PAYMENT					
Thank you for your support of the Dakota Valley Parent Teacher Organization. Your membership fee, \$15, includes one copy of the School Directory. Membership dues and profits from T-shirt sales allows the PTO to fund various educational programs at DV as well as provide fun, community-building events throughout the year. Your support is greatly appreciated!					
Membership Fee - \$15			Quantity:	Subtotal:	
Tax Deductible Donation (we will email	you a receipt fo	or the donation amount):		Subtotal:	
Please make your check out to DV PTO				Total:	

DAKOTA VALLEY STUDENT INFORMATION					
First Name:					
DAKOTA VALLEY STUDENT INFORMATION					
First Name:					
DAKOTA VALLEY STUDENT INFORMATION					
First Name:					
DAKOTA VALLEY STUDENT INFORMATION					
First Name:					
DAKOTA VALLEY STUDENT INFORMATION					
DAROTA VALLET STUDENT INFORMATION					
First Name:					
DAKOTA VALLEY STUDENT INFORMATION					
First Name:					