



Cherryvale Elementary PTO
 1420 Furman Dr.
 Sumter, SC 29154

PTO Membership Form

Help support your child(ren) education by joining the **Cherryvale PTO**.
 Membership is **\$5.00** per person. Please make checks or money orders payable to **Cherryvale PTO**.

Member _____ Email _____
 Address _____ City _____, SC zip _____
 Date ___/___/___ Phone (____) _____ Home ___ Cell ___ Work ___
 ___ Parent ___ Student ___ Faculty/Staff ___ Other relationship to student

Member _____ Email _____
 Address _____ City _____, SC zip _____
 Date ___/___/___ Phone (____) _____ Home ___ Cell ___ Work ___
 ___ Parent ___ Student ___ Faculty/Staff ___ Other relationship to student

Member _____ Email _____
 Address _____ City _____, SC zip _____
 Date ___/___/___ Phone (____) _____ Home ___ Cell ___ Work ___
 ___ Parent ___ Student ___ Faculty/Staff ___ Other relationship to student

Member _____ Email _____
 Address _____ City _____, SC zip _____
 Date ___/___/___ Phone (____) _____ Home ___ Cell ___ Work ___
 ___ Parent ___ Student ___ Faculty/Staff ___ Other relationship to student

If student is not listed above as a member of the PTO, please list name and grade below:

Student Name _____ Grade _____ Teacher _____

Student Name _____ Grade _____ Teacher _____

_____ Memberships @ \$5.00 each = \$ _____ Check # _____ Cash _____ Money Order _____

THANK YOU! Please return form & payment to: 1420 Furman Dr. Sumter, SC 29154

For PTO Use:

Date rec'd: ___/___/___ Payment Amount \$ _____