

Families

Community

School

Business Membership Form

Contact Name(s): _____

Business Name: _____

Address: _____

City/State/Zip: _____

Phone Number(s): _____

E-Mail Address(es): _____

Are you interested in being contacted to contribute to the Family Carnival each April? Yes No

Are you interested in offering SOBOCO PTA members special savings? Yes No

If so, what types of savings would you like to offer? _____

I am enclosing the \$25.00 Membership Fee

I would like to make an additional donation of \$_____

Please make checks payable to Southern Boone PTA and mail to:

Amy Shumate, Treasurer
103 Amanda Drive
Ashland, MO 65010

Feel free to e-mail us anytime at sobocopta@gmail.com