



**MCVEY PTA WANTS YOU!!!**  
**2023-2024**

Dear Parents, Guardians and Staff members,

Are you looking to connect with your school? Would you like to volunteer at a PTA event? Do you want to be an advocate for children or just become a member of a great organization? McVey PTA is looking for you! PTAs are some of the largest advocacy organizations. PTAs are the reason why school buses are painted yellow.

The McVey PTA organizes some great activities and events for the children throughout the school year. We sponsor events such as the Wellness Walk, the Halloween Howl/Spooky Walk, Cookiefest, Bingo, Field Day, and the BBQ, just to name a few. We also organize both the Fall and Spring book fairs, as well as several Art and Education assemblies. The PTA strives to create lifelong memories for the children at McVey.

If you would like to volunteer at any event, you will need to be a current paid member of the McVey PTA. By submitting your membership dues, you are helping to start our fundraising for the year!

Please join us by submitting your payment of \$10 for a single membership or \$15 for a double membership. Each additional member is just an extra \$5.

We are now offering digital membership registration through MemberHub! To register through MemberHub, please visit <https://mcveypta.memberhub.com/store> or scan the QR code using your smartphone's camera or QR scanner app. (*Please Note:* There is a small transaction fee when using MemberHub)



If you are submitting your membership dues via **cash or check**, please use the form below. All checks are made payable to **McVey PTA**.

**PLEASE MAKE SURE TO COMPLETE ALL FIELDS BELOW AS THEY ARE REQUIRED FOR REGISTRATION.**

You will receive an email to confirm your registration as we are now paperless. Thank you for your support! If you have any questions please contact, Karen Heckman at (516) 316-1270 or by email: [vpmembership@mcveypta.com](mailto:vpmembership@mcveypta.com)

**2023/2024 Membership Form**

Member 1 (Name) \_\_\_\_\_ Email (Required) \_\_\_\_\_

Member 2 (Name) \_\_\_\_\_ Email (Required) \_\_\_\_\_

Cell phone number (Preferred) \_\_\_\_\_

Child/children's name(s) and class(es) \_\_\_\_\_

\_\_\_\_\_ Single Membership \$10 (one person) \_\_\_\_\_ Double Membership \$15 (two people)