



Olympic View Parent Teacher Club

An Uncompromising Commitment to Academic Excellence

OPTC Membership Application

Membership Dues - \$5 PER child or join as a Family at one of our Premium Membership Levels!

Parent Name(s): _____

Address: _____

Phone: _____ Email: _____

Student Name: _____

Teacher: _____ Grade: _____

Student Name: _____

Teacher: _____ Grade: _____

Student Name: _____

Teacher: _____ Grade: _____

Please add my e-mail address to the OPTC e-newsletter.

Please contact me about OPTC volunteer opportunities.

OPTC MEMBERSHIP LEVEL OPTIONS (Please Select):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member \$5 per child - one per each child in family	Bronze \$25 per family	Silver \$50 per family	Gold \$100 per family	Platinum \$250 per family
(Child's name(s) featured on Membership Wall in Auditorium)				
--	\$10 in OPTC Eagle Bucks	\$15 in OPTC Eagle Bucks	\$20 in OPTC Eagle Bucks	\$25 in OPTC Eagle Bucks
--	--	--	1 Hardcover Yearbook	1 Hardcover Yearbook
--	--	--	--	1 free personal dedication in yearbook

Other Donation/Gift By _____ Amount: \$ _____

Please return this form with your payment to your child's teacher or to the school office.

Make checks **payable to the OPTC.**

(Returned checks are subject to \$25 bank fee.)

Date Received: _____ Date Entered: _____ Amount Paid: _____

Cash _____ Check # _____ Credit Card _____ Initials _____