

PTA Membership Form

2018-2019

Individual - \$6.00	Family - \$12.00
Please check one of the following.	
<input type="checkbox"/> Individual	<input type="checkbox"/> Student
<input type="checkbox"/> Family	<input type="checkbox"/> Grandparent
<input type="checkbox"/> Teacher	<input type="checkbox"/> Other

Name(s): _____

Additional Donations

Phone #: _____

Please use my additional funds in the amount of:

Email: _____

\$10 _____ \$25 _____ Other \$ _____

Address: _____

TOWARDS

Student Programs _____ Faculty Appreciation _____

Student(s) Name: Homeroom Teacher: _____

General PTA Funds _____

Please make checks payable to LRJH PTA

Membership Fee \$ _____

Additional Donation \$ _____

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Total \$ _____

Thank you for your gracious support to our school!!