

JFK PTA

2018/2019 PTA Membership Enrollment Form



Name: _____

Address: _____

Phone: _____ Email _____ (print clearly)

Parent : Teacher: Staff:

Student 1 name: _____ Teacher: _____

Student 2 name: _____ Teacher: _____

Student 3 name: _____ Teacher: _____

\$8.00 single membership (for 1 adult and their child/children):

OR

\$14.00 family membership (for 2 adults and their child/children):

**Please note for family membership list the name of one additional adult*

in your family that will be joining the PTA: _____

Please make checks out to JFK PTA

THANK YOU FOR YOUR SUPPORT!

Any questions please email: jfkptaprez@gmail.com

PTA
everychild.onevoice.



For PTA use only: Single _____ Family _____ Cash _____ Check # _____ Initials _____