



2019-2020 JOHN BRAINERD PTA MEMBERSHIP FORM

The John Brainerd PTA, would like to welcome you to John Brainerd School. Whether you are a new member or a returning member, we thank you for your support and time. Commitment to our school, teachers and most importantly, our students is a critical part of ensuring positive learning experiences for our school.

Your involvement is needed and will help benefit your child, his/her teacher, and their classmates. There are many ways you can participate. Being a member allows you to select from many activities and volunteer as you feel necessary. Join our team and make a difference! Please fill out the form below and return it to us with your membership dues of \$7.00 per person or \$10.00 per couple.

Primary Role: Parent/Guardian! Teacher/Staff! Other _____

Title: Mrs. Mr. Ms. Other _____

First Name: _____ **Last Name:** _____ &

First Name: _____ **Last Name:** _____

Phone: (H) _____ (C) _____

Email: _____

Email: _____

STUDENT(S) NAME AND TEACHER FOR THE 2019-2020 SCHOOL YEAR

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

ADDITIONAL MEMBERSHIP: I want to sponsor a Teacher's PTA Membership (\$7.00)

Teacher's Name: _____

If this teacher is already paid for, please pay for another staff member.

Total Amount Enclosed: \$ _____ (Cash Only Please)

PTA Office Use Only:

Date Received: _____ **Total Amount Enclosed:** _____

Individual Membership Card #: _____ **Membership Entered On:** _____

Payment Date: _____ **PTA Membership No:** _____ **Processed By:** _____

Verified By: _____