

Jamerson Elementary PTA Membership

Please Enclose \$5.00 per person

Name: _____ Name: _____

()Parent ()DLJ Staff ()Other: _____ ()Parent ()DLJ Staff ()Other: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Eve () Day () E-mail: _____

Please include my address and phone # in the PTA Directory.....Circle: YES NO

Student Name

Grade/Teacher

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Membership / Treasurer Use

Reg. Date: _____ Amt. Rec'd: _____

Mem. Rec'd: _____ Ck #: _____

{# }Cards Delivered Cash: _____

PTA Schedule

| | Gen ~ PTA Meeting | Sponsored Events | Appreciation Events | other |
|--------|-------------------|------------------|---------------------|-------|
| July | | Picnic 7/30 | | |
| August | | | | |

| | | | | |
|-----------|--|--|--|--|
| | | | | |
| September | | | | |
| October | | | | |
| November | | | | |
| December | | | | |
| January | | | | |
| February | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| | | | | |

