

GARFIELD PTA MEMBERSHIP FORM

Member _____

Member _____

Address _____

Home/Cell Phone _____

E-mail _____

Interested in:

Volunteering _____ **donating goods/items** _____

National/State/City/Local Membership Dues @ \$6.00 per member = \$ _____

Student name/s

Grade

Teacher

1. _____

2. _____

3. _____

Please consider a donation to PTA.

Donation \$ _____

Make checks payable to Garfield PTA

Total \$ _____

THANK YOU FOR SUPPORTING PTA