

# 2016-2017 JLMS PTSA Membership Form

**\$5 Individual Membership** (one Adult)

Name: \_\_\_\_\_  M  F

**\$10 Family Parent Membership** (two Adults)

Name: \_\_\_\_\_  M  F

Name: \_\_\_\_\_  M  F

**\$5 Student Membership** (each Student)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Team Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Team Name: \_\_\_\_\_

**\$25 Business Partner**

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Business phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate your membership category or categories

Mother    JLMS Teacher    Grandparent

Father    JLMS Staff    Community/  
Business Partner

Please add my email to receive the PTSA e-newsletter    I'm interested in helping/volunteering at events

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**f o r p t s a u s e o n l y :**

PAYMENT	Cash	Check	Credit Card
Amount			
Initials			
CARDS GIVEN			

OTHER ITEMS	Amount
Spirit items	
Donation	

*\*CHECKS MUST INCLUDE PHONE AND STUDENT ID*