



## **Membership Form**

By joining the Jackson Middle School PTA, you become a member of an organization that works year round to improve the education, health, safety, and the welfare of ALL children. Please help us reach our membership goal.

**Dues are \$5.00 per member.**

Make all Checks Payable to Jackson Middle School PTA.

### **MEMBER NAME(S):**

Name: \_\_\_\_\_

Circle One: Parent, Teacher, Student, Grandparent, School Staff, Community Member

Name: \_\_\_\_\_

Circle One: Parent, Teacher, Student, Grandparent, School Staff, Community Member

Name: \_\_\_\_\_

Circle One: Parent, Teacher, Student, Grandparent, School Staff, Community Member

Name: \_\_\_\_\_

Circle One: Parent, Teacher, Student, Grandparent, School Staff, Community Member

Cash/Check #: \_\_\_\_\_ Member Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ 1<sup>st</sup> period teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ 1<sup>st</sup> period teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ 1<sup>st</sup> period teacher: \_\_\_\_\_

Interested in volunteering?    Yes    Not at this time

If so, area(s) of interest?   PTA Meetings   Food Sales   Box Tops   Other: \_\_\_\_\_

***Thank you, Jaguars!***

