

Membership Form

Contact us! www.johnadamspta.org or jaespta@gmail.com

Thank you for your interest in the John Adams Elementary School PTA!!

Membership is \$10 per person and includes membership in the Virginia and National PTA

PLEASE PRINT CLEARLY

of Members: x \$10 = \$ + \$ = Date: _____

Membership Total DONATION (Thank you!!) Total to PTA

Return form and funds to John Adams Elementary School in an envelope labeled **JOHN ADAMS PTA MEMBERSHIP**

You would like to: Volunteer for the PTA or one of its Committees
 You give permission for: Receiving text messages from the PTA Be added to the Local PTA Directory

MEMBER # 1 Name: _____ Mobile Phone #: () - _____

Email: _____ @ _____

GMAIL.COM YAHOO.COM
ACPS.K12.VA.US
HOTMAIL.COM COMCAST.NET

Type: Parent or Guardian Teacher Staff Community Member

Address: _____ Alexandria, VA _____

Street Apt # Zip

MEMBER # 2 Name: _____ Mobile Phone #: () - _____

Email: _____ @ _____

GMAIL.COM YAHOO.COM
ACPS.K12.VA.US
HOTMAIL.COM COMCAST.NET

Type: Parent or Guardian Teacher Staff Community Member

MEMBER # 3 Name: _____ Mobile Phone #: () - _____

Email: _____ @ _____

GMAIL.COM YAHOO.COM
ACPS.K12.VA.US
HOTMAIL.COM COMCAST.NET

Type: Parent or Guardian Teacher Staff Community Member

Students

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

FOR PTA USE

Date Added to Member List _____ Date Funds to Treasurer _____

Membership Chair Treasurer