



Member Name _____

Member Name _____

Home/Cell Phone _____

E-mail _____

Interested in:

Volunteering _____

Donating goods/items _____

National/State/City/ Local Membership

Dues@ \$6.00 per member = \$ _____

Student Names

Grade

Teacher

1. _____

2. _____

3. _____

Please consider a donation to PTA

Donation \$ _____

Make checks payable to Garfield PTA

Total \$ _____

THANK YOU FOR SUPPORTING GARFIELD PTA!