**School PTA Name 2016-2017 PTSA Annual Membership Form**

* PTSA memberships are **$5.00 per person**.
* This information will be used to activate your access to the School PTA Name website. Enter at least one email addresses, of those that want to receive email updates.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **First Name** | **Last Name** | **Membership Type (check one)** | | **Student Year** | **Phone** | | **Email (write legibly)** | | **PTA**  **CARD #** |
| 1. |  |  | □ Parent □ Grandparent □ Teacher □ Community □ Student | | □ Adult □ Fresh. □ Soph. □ Junior □ Senior |  | |  | |  |
| 2. |  |  | □ Parent □ Grandparent □ Teacher □ Community □ Student | | □ Adult □ Fresh. □ Soph. □ Junior □ Senior |  | |  | |  |
| 3. |  |  | □ Parent □ Grandparent □ Teacher □ Community □ Student | | □ Adult □ Fresh. □ Soph. □ Junior □ Senior |  | |  | |  |
| **Occasionally PTSA sends things home with your student.** | | | | **Student’s Name** | | | **Grade** | | **8B Period Teacher** | |
| **Please provide the following:** | | | |  | | |  | |  | |

**DONATIONS**: Your donation will greatly help us fund students and teachers events. ***Any donation is truly appreciated****. Suggested donation levels:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| □ $10 Sponsor | □ $25Contributor | □ $50Family | □ $100Patron | □ $250Corporate | □ $350 Angel | □ $500 Soaring Eagle |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # of Memberships |  | $5.00 / Membership |  | Membership Total |  | $ Donation |  | =Grand Total |  |
|  | X | $5.00 | = | $ | + | $ | = | $ | Make checks payable to:  **Paxon PTSA** |

**Permission to Use Photo Images**

I grant to School PTA Name the right to take photographs of me and my family in connection with the any PTA events. I authorize School PTA Name to use and publish the same in print and/or electronically. I agree that School PTA Name may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, marketing and Web content.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please turn this form in to the Front Office to be placed in the PTSA mail box or mail to: School PTA Name, 3239 Norman , Jacksonville, Fl 00000.***

***If you have any questions, please email Membership Vice President at***

***For office use only: Cash:$ \_\_\_\_\_\_\_\_\_ Check$: \_\_\_\_\_\_\_ Check: #\_\_\_\_\_\_\_\_\_\_\_ PTSA received by \_\_\_\_\_\_\_\_\_***