

John Adams Elementary



JAES PTA Membership Form

Yes, I want to join JAES PTA. I know that as a member of the JAES PTA I will automatically become a member in the Virginia and National PTA and will be able to take advantage of the benefits of the PTA.

Please Print Legibly

Parent/Adult Membership: \$10 Member Name: _____

Parent/Adult Membership: \$10 Member Name: _____

Donation to the PTA: \$ _____

Total Enclosed: \$ _____ Cash Check / Check # _____

Student's Name: _____ Teacher: _____

Student's Name: _____ Teacher: _____

Please make checks payable to: **John Adams PTA**

Return completed form & membership/donation funds with your child to school in an envelope labeled: **John Adams PTA Membership**

Mailing Address: _____

Email Address(es): _____ / _____

PLEASE **ADD ME** TO THE JAES LISTSERV

Phone Number(s): _____ C H W _____ C H W

My Preferred Method(s) of Contact: MAIL EMAIL PHONE TEXT

THANK YOU FOR JOINING JAES PTA!

