FGES PTA MEMBERSHIP FORM 2019-2020

_____ _____

ADULT'S NAME(S) EMAIL ADDRESS (for distribution of PTA news)

_____

ADDRESS

_____

PHONE NUMBER

_____ _____ _____

STUDENT'S NAME GRADE TEACHER NAME

_____ _____ _____

STUDENT'S NAME GRADE TEACHER NAME

_____ _____ _____

STUDENT'S NAME GRADE TEACHER NAME

_____ _____ _____

STUDENT'S NAME GRADE TEACHER NAME

You can choose to receive either receive one or two PTA cards with your family membership – each cardholder is entitled to a vote. Those who wish to vote at general meetings must have their own card. Please keep in mind we are required to pay $5.75 in dues to national/county PTA for every card distributed. If you wish to receive a SECOND card, please check the box below and write name of additional cardholder below.

☐ Name you want printed on second card: _____

Enter Payment Details Below

Payment Method (Circle one): Cash Check (Check Number _____) *Payable to: FGES PTA*

Amount Paid: (a) Family Membership _____$25_____

(b) Any Additional Donation _____

(c) Total Amount Paid-- add lines (a) & (b) _____

**Amount on line (c) will put you in category of Soaring Falcon ($150+), Flying Falcon ($100-149), Falcon Family ($50-99), or Falcon Supporter ($25-49). If no additional donation, please leave blank. (e.g., if you want to be a Soaring Falcon at $150 level, write $130 on line b and $150 on line c)*

Thank you for your support!