

AL Burruss Elementary PTA Membership Form
2017-2018

Member Name: _____

Member Name: _____

Student Name and Grade: _____

Student Name and Grade: _____

Address: _____

Phone: _____

Email: _____

Amount Paid: \$50 "no sell" \$7 x ____ = \$_____

Please indicate below which committee(s) you would like to be part of:

- | | | |
|--|---|---|
| <input type="checkbox"/> Fall Festival | <input type="checkbox"/> Dad's Club | <input type="checkbox"/> Literary Guild |
| <input type="checkbox"/> Library | <input type="checkbox"/> Math Super Sleuths/Math Bowl | |
| <input type="checkbox"/> Homecoming | <input type="checkbox"/> Vendor Cash (Box Tops and Coke Tops) | |

I give my permission for the above information to be included in the PTA Directory to be distributed to Burruss Elementary School families.

Parent Signature



**Thank you for Joining
Burruss PTA! Go Beavers!**

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