

Jamacha PTA Membership Drive

Membership Type

Parent Family Member Student Teacher/Staff Business

| <u>Members Name</u> | <u>Member Type</u> | <u>Donation Amount</u> | <u>Donation Amounts</u> |
|--------------------------------|--------------------|------------------------|-------------------------|
| 1. _____ | | \$ _____ | PerMember |
| 2. _____ | | \$ _____ | \$10 |
| 3. _____ | | \$ _____ | \$20 |
| 4. _____ | | \$ _____ | \$30 |
| Total Donation \$ _____ | | | \$50 |

\$100
***\$250 Gold Member**
See Attached Flyer

Cash or Check (Please Circle)
Please make checks payable to Jamacha PTA

Address _____

Phone# _____
Email _____

Students Attending Jamacha

| Name | Grade | Teacher |
|----------|-------|---------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

All children attending Jamacha within the donor's family will receive raffle tickets.

Not interested at this time **Parent Signature** _____
As a member, I understand that my address information will be shared with the California State PTA and the National PTA.