

Date: \_\_\_\_\_



## 2016-2017 Staff PTA Membership Form

### Membership

*Please check all that apply!!*

**Yes! I want to join the Welch Elementary School PTA for 2016-17 ..... \$7.00**  
Membership includes local, state & national PTA dues plus **FREE** directory.

Staff Member: \_\_\_\_\_

Last Name

First Name

Email

Phone

**Number of Directories Needed** (1 per member maximum): \_\_\_\_\_

### Donations

**Yes! I would like to make a tax deductible donation to the Welch PTA to help defray costs and lessen the burden of fundraising.**

**I would like to donate** ..... \$ \_\_\_\_\_

**I am paying by:**     check number \_\_\_\_\_     cash

*\*\* Please make all checks payable to **Welch PTA** \*\**

**Payment summary** ..... **Total amount enclosed** \$ \_\_\_\_\_

### Involvement

**Yes! I would be interested in speaking at a PTA meeting.**

Subject: \_\_\_\_\_

**Yes! I would be interested in serving on a committee or advising a committee.**

Committee: \_\_\_\_\_