



PTA Membership Form



Parent 1:

Last Name	First Name	Email
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*Address	Phone
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Parent 2:

Additional Members:

We encourage both parents and grandparents to join!

*By giving us your contact info, you are permitting the PTA to publish it in the School Directory.

Oldest Welch Student:

Last Name	First Name	Grade	Teacher
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Check amount _____ (\$10 for 1st family member, \$5 for each additional member)
Please make checks payable to **Welch PTA**.

Number of Directories (1 per member max.): _____

Dominick's card number:

_____ (PTA receives a percentage of your purchase every time you shop!)

I would like to receive information about volunteer opportunities for the following committees (check all that apply):

- | | | |
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| <input type="checkbox"/> Art Awareness | <input type="checkbox"/> Health & Safety
(red ribbon week,
walk to school, etc) | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Holiday Bazaar | <input type="checkbox"/> Popcorn day |
| <input type="checkbox"/> Directory | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Reflections |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Kids' holiday shop | <input type="checkbox"/> School supply kits |
| <input type="checkbox"/> Fifth grade farewell | <input type="checkbox"/> LMC volunteers | <input type="checkbox"/> Spiritwear |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Market Day | <input type="checkbox"/> Tiger Nites |
| <input type="checkbox"/> General volunteer | <input type="checkbox"/> Music Appreciation | <input type="checkbox"/> Writing Center |
| <input type="checkbox"/> Halloween party | | |