

DJAES PTA Membership Envelope

Parent Names: _____ Email: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

PTA Memberships:

Parents/Adults Number of Memberships @ \$10 each: _____ Total: \$ _____

Are you interested in getting more involved with the PTA? Yes (please circle)

Please make all checks payable to DJAES PTA. Put check in this envelope and return to your child's teacher.

THANK YOU!