26-27 MEMBERSHIP FORM
DOROTHY FOX PTA

Strong Minds Grow Here

PURCHASE ONLINE HERE!

OR

We encourage **all parents and caregivers** to become PTA members. Your membership makes a big impact by supporting a variety of school activities and programs while creating an engaging and positive community.

As a member, there is **no obligation to volunteer your time**. If volunteering is something you are interested in, please complete our Volunteer Interest Form. We would love to hear your voice and have participation as it best suits your family.

PURCHASE BY CASH OR CHECK

MEMBERSHIP FEE: $12/Person for 1-Year Membership. Tax deductible, to the legal extent of the law.

NAME #1: _____ PHONE NO: _____

EMAIL: _____ PARENT/CAREGIVER ☐ FOX FACULTY/STAFF ☐

NAME #2: _____ PHONE NO: _____

EMAIL: _____ PARENT/CAREGIVER ☐ FOX FACULTY/STAFF ☐

STUDENT NAME: _____ GRADE: _____ TEACHER: _____

STUDENT NAME: _____ GRADE: _____ TEACHER: _____

STUDENT NAME: _____ GRADE: _____ TEACHER: _____

 # OF MEMBERSHIPS: _____ **X $12/EACH = $** _____ **FEES DUE & INCLUDED**

MAKE A DONATION

☐ I would like to make an additional, tax-deductible donation: **$** _____ **DONATION INCLUDED**

Please have your student turn in this form with payment to the Front Office.
Cash and checks made payable to "Dorothy Fox PTA" accepted.
Thank you for supporting Dorothy Fox PTA!

TOTAL ENCLOSED: $ _____

For Office Use Only:

DATE RECEIVED: _____ **AMOUNT RECEIVED: $** _____ ☐ **CASH** ☐ **CHECK #:** _____