**Thomaston Townwide PTA**

****

**PARENT-TEACHER ASSOCIATION**

***2019-2020***

The Thomaston Townwide PTA is asking for your support during its Annual Membership Drive. Fees are $10 for a Single Adult Membership.

Please make your check payable to “Thomaston Townwide PTA.” You may return this form, along with your payment, to the school office.

Thank you for your support!

|  |  |  |
| --- | --- | --- |
| Quantity of  Single Adult Memberships | $10 each | Total Payment |
| \_\_\_\_\_\_\_\_ | X $ 10.00 | = $\_\_\_\_\_\_\_\_ |

Student(s) Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade(s) \_\_\_\_\_\_\_\_\_\_\_\_

Member(s) Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the appropriate box(es):

Parent(s) Administrator Teacher Staff