

**FARRAGUT PRIMARY SCHOOL PTA
MEMBERSHIP APPLICATION**

Persons joining PTA (indicate if staff)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I would like to make an additional donation of \$ _____

Address of parents _____

E-mail address _____

Name of FPS student (for credit) _____

Name _____ Teacher _____ Grade _____

Name _____ Teacher _____ Grade _____

List all your children who attend FPS and have one child return envelope.

Number of memberships _____ X \$7.50 each = \$ _____ Amount enclosed \$ _____

Please make payable to: FPS PTA.