

Brookhaven Elementary School PTA Membership Form

Parent/Guardian Name: _____

Telephone: _____

Address: _____

E-mail Address: _____

Child(ren)'s Name(s): _____

Child(ren)'s Teacher(s): _____

Enclosed are my dues of \$10.00 per PTA Family.

****Please make checks payable to Brookhaven Elementary PTA****

Your dues support your local, District and National PTA. Each membership entitles you to vote at PTA meetings and participate as a PTA delegate.