**Thank You for Joining**

No required meetings to attend! No volunteer hours required!

But, your participation is encouraged and appreciated

☐ please contact me with more information about volunteering opportunities.

**Are you a Community Partner?**

*Annistown will receive the Community Partnership Award if we have 30 or more partners.*

☐ YES! I AM a Community Partner

(Circle One: police/fire department member, nurse, doctor, school board member, senior citizen, chamber of commerce member, community organization/institution or other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Member Name 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **☐ Annistown teacher/staff**

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Name 2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student #1 Name Teacher Grade**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student #2 Name Teacher Grade**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student #3 Name Teacher Grade**

*By giving us your email, you are giving us permission to put you on the PTA email list.*

|  |  |  |
| --- | --- | --- |
| **Item** | **Amount** | **Total** |
| General Membership \_\_\_\_\_\_  \*covers a family of 3. Free entry to movie night, bingo night & Annistown Idol  \*1 membership for the State and National PTA | #\_\_\_\_ of memberships x $7.00 | $ \_\_\_\_\_\_\_ |
| Tiger Card Membership \_\_\_\_\_\_  \*covers a family of 7. General perks plus skate night entry, free pizza, popcorn, soda and other treats during these events are included!  \*1 membership for the State and National PTA | #\_\_\_\_ of memberships x $25.00 | $ \_\_\_\_\_\_\_ |
| Additional Tax-Deductible Donation | $25, $50, $100, other $\_\_\_\_\_ | $ \_\_\_\_\_\_\_ |
| Donate a Membership ☐ Individual or ☐ Family | $7.00 or $25.00 x #\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_ |
|  | **Total Amount Collected:** | $ \_\_\_\_\_\_\_ |

\*Please make checks payable to Annistown ES PTA \* Convenience fee applies for credit cards.\*