

Florida

DAVID LAWRENCE JR. K-8 CENTER PTSA

PTA

Membership Registration Form

everychild.one voice

Registration Date: _____

card #
Total Amt. Paid:
Check #

MEMBERS

First Name	Last Name	\$10 Per Person/\$5 student
Parent/Guardian:		
Parent/Guardian:		
Student:		
Grandparent:		
Faculty/Others:		
Total Paid		\$

HOUSEHOLD INFORMATION

Mailing Address _____

City _____ State: FL _____ Zip Code _____

Phone Numbers Day: _____ Evening: _____ Best Time: _____

E-Mail Address: _____

Please answer the following questions:

Have you been a member of this PTSA within the last 12 months? Yes - No

In general, how many years have you been a member of PTA? _____

How many PTAs/PTSAs are you currently a member of? _____

May PTA email you notices about projects/issues the organization is working on? Yes - No

****STUDENT NAME:** _____ **Grade:** _____ **HR:** _____

Local Unit ID #00034680 Local Unit Name: David Lawrence Jr. K-8 Center Contact Person: Amy Link email: 5005pta@dadeschools.net

VOLUNTEER INTEREST

Become AN ACTIVE MEMBER! Volunteers are needed for school activities, PTSA Committees, and student tutoring and mentoring. Whether you work in a classroom, volunteer on a committee or make phone calls, all your help is needed. Check the list below and let us know your interest.

VOLUNTEER NAME:	Parent	Student	Other
<u>PTSA Committees:</u>			
Fundraising events	j		
Membership	j		
Hospitality	j		
Legislation	j		
Volunteer Coordination	j		
At Home Projects	j		
<u>Student Tutoring/Mentoring:</u>			
Math		j	
Language Arts		j	
Science		j	
Art		j	
Other		j	
<u>Special Talents:</u>			