



Kamiakin PTSA Membership 2011



Mission Statement

To support and speak on behalf of students in the community and before governmental bodies and other organizations that make decisions affecting children.

To assist parents in developing the skills they need to raise and protect their children.

To encourage parent and public involvement in the public schools of this nation.

When you join Kamiakin PTSA you support:

- ◆ National PTSA
- ◆ Fall BBQ
- ◆ Advocacy in state legislature
- ◆ Reflections
- ◆ Studio East
- ◆ Vision & Health screens
- ◆ Dance Chaperones
- ◆ Parent Education
- ◆ 9th Gr. Dinner Dance
- ◆ Test Time snacks
- ◆ Staff Appreciation
- ◆ Holiday Bazaar
- ◆ Book Fair
- ◆ Emergency supplies
- ◆ Scholarship fund
- ◆ Holiday Care Packages
- ◆ Online newsletter
- ◆ Student directory

www.lwsd.org/school/kajh/ptsa

or

Membership Chair:

Lile Ellefsen

ellefsen4@comcast.net

1. Membership (includes student directory)

When you join Kamiakin PTSA, you join a community that encourages student achievement and enriches the learning environment. We believe in building partnerships we believe TOGETHER we can help our children be successful.

Adult Membership	\$15.00	_____
Family Membership (2 or more)	\$25.00	_____
Corporate Membership	\$50.00	_____
Staff Membership	\$10.00	_____

+

2. Fundraising- "No Frills"

It takes money to do what we do. Our "No frills" approach means no time consuming products for kids to sell. It is the heart of Kamiakin PTSA fundraising, contributing the bulk of our budget.

\$25.00	\$50.00	\$75.00	_____
\$100.00	\$250.00	\$500.00	_____

I'd like to donate to Emergency Preparedness (suggested donation, \$5.00 per student) _____

Donations are tax deductible and may be **matched** by your employer. See Kamiakin PTSA website for a list.

=

Total Payment (1 + 2) \$ _____

Check/ cash (checks payable to Kamiakin PTSA)

Adult Name(s) _____

Student 1 _____ gr _____ Student 2 _____ gr _____

Address _____

Email Address1 _____

Email address 2 _____

Phone (hm) _____ Phone (cell) _____

Renewing Membership _____ or New Kamiakin Membership _____

Every Child. One Voice Thank you for your support

Membership Chair use only:

Check number _____ Amount _____ Date _____ Data entry date _____