



John Muir PTSA Membership Form

Complete the following information and return to your child's teacher.

Adult NAME _____

Child's NAME _____ Grade _____ Teacher _____

Child's NAME _____ Grade _____ Teacher _____

Child's NAME _____ Grade _____ Teacher _____

Day PHONE _____ Evening PHONE _____

Address _____ City _____ Zip _____

* E-mail address _____

**we won't share it, but would love to have it to contact you about events!*

Support your school. Enrich your child.

Membership: includes one student directory.

PTSA membership covers our state and council fees and enables John Muir PTSA to provide many opportunities that we otherwise wouldn't be able to make available for our children.

Individual ~ \$13.00 \$ _____

2 family members ~ \$23.00 \$ _____

Additional name: _____

My Employer participates in donation matching program

*Being a member does not obligate you to volunteer;
Although any volunteer assistance you can give is always welcome and shows your children
your commitment to their education and to their future.*

Fundraising:



PTSA Pass the Hat Fundraiser

*\$25.00 suggested tax deductible donation

\$ _____



Emergency Preparedness

* \$5.00 suggested donation

\$ _____

*This is a suggested amount, any donation is appreciated.

Please make checks payable to: John Muir PTSA

**Thank you for your support.
Your participation makes a big difference!**