

DBES PTA MEMBERSHIP FORM 2018-2019

Thank you for your PTA membership! When PTA gets involved, all children benefit.

- \$8 Individual Membership** (One Adult)
 \$15 Family Membership (Two Adults)
 \$8 Sponsor A Teacher _____
 Donation _____

Please indicate your membership category:
 Parent/Guardian
 Grandparent
 Teacher
 DBES Staff
 Business

Name: _____ M F
 Email: _____
Please Print Clearly

Phone: _____

Student 1 Name: _____

Teacher: _____

Student 2 Name: _____

Teacher: _____

Name: _____ M F
 Email: _____
Please Print Clearly

Phone: _____

Student 3 Name: _____

Teacher: _____

Student 4 Name: _____

Teacher: _____

I would like to receive email notifications regarding PTA volunteer opportunities.

I would like to be a member to support the PTA Mission, but I am unable to volunteer at this time.

Please make checks payable to DBES PTA. Checks must include phone, address and student name.

For PTA Use Only. Please Do Not Write In This Space.

Membership	Quantity	Amount	Payment	Cash	Check	Credit Card
\$8 Individual		Donation	Check #			
\$15 Family			Initials			
\$8 S. A. T.			Cards Given			