



Avondale Elementary School Membership Form 2020-2021



Name of Person Joining PTA: _____

Parent Grandparent Teacher Friend/Neighbor Staff Community Partner
 Other: _____

Student's Name: _____ **Teacher/Grade** _____

Student's Name: _____ **Teacher/Grade** _____

Student's Name: _____ **Teacher/Grade** _____

Address: _____ **City/State/Zip:** _____

Phone #(s): _____ **Home** _____ **Cell** _____

Email: _____

2nd Family Member's Name _____

Address: _____ **City/State/Zip:** _____

Phone #(s): _____ **Home** _____ **Cell** _____

Email: _____

	Agree	Disagree
I would like the above email addresses to be used for all PTA and AES School communications via email.	_____	_____
I give AES PTA permission to use my email from Infinite Campus to receive all PTA communications.	_____	_____

PTA VOLUNTEER OPPORTUNITIES

Check below for the activities that you are interested in participating. You will be contacted as those activities draw nearer.

- PTA Board (CO-PRESIDENT)
- PTA Board (TREASURER.)
- PTA Board (SECRETARY)
- PTA Board (VP OF SUPPORT)
- Development (*Sponsorships*)
- Fundraising
- Fall Festival
- Field Day
- Scholastic Book Fairs
- Box Tops
- Kroger & Publix Cards
- School Pictures
- Room Parents
- Teacher Appreciation
- Campus Beautification
- 5th Grade Celebration
- Holiday Luncheons
- Yearbook
- Monthly Newsletter
- Reflections
- Read-a-Thon
- Dad's Initiative
- Event Planning

PTA Memberships
 1-Family membership (\$10.00) _____ \$ _____

Enrichment Fund:
 For those parents who choose not to want to participate in our PTA fundraisers but still like to support:

Silver Sponsor (\$50.00 - \$100.00) – *entered into \$25 gift card drawing* _____ \$ _____

Gold Sponsor (\$100.00 - \$150.00) – *entered into \$50 gift card drawing* _____ \$ _____

Platinum Sponsor (\$175 or more) – *entered into \$100 gift card drawing* _____ \$ _____

Field Trip Scholarship Fund:
 To help supplement the cost of field trips (\$5.00 - \$10.00) _____ \$ _____

NOTES:

GRAND TOTAL:
\$ _____

Date _____ PayPal CashAPP Check # _____ (*\$34.00 fee on all returned checks*)

Membership No: _____ **Completed by** _____

Membership Card Emailed **Date Emailed** _____ **Initials** _____

PTA USE ONLY