



# BRENT ELEMENTARY SCHOOL

## PTA Membership Application 2011-2012

The PTA serves as a support system for the school faculty and staff. Every dollar that the PTA receives goes to augment academic and extra-curricular activities, enabling Brent to ensure that every student receives the highest level of learning.

We welcome you to become involved in the Brent PTA. PTA meetings are held monthly at the school, with child-care provided. So join us and contribute to the success of Brent! Visit [www.BrentElementary.org](http://www.BrentElementary.org) for more information

### Membership Dues

Dues are twenty dollars (\$20.00) per family.

#### PERSONAL INFORMATION [to be used for membership purposes only]

Mr. Mrs. Ms. Dr. First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
E-Mail \_\_\_\_\_

Additional Parent/Guardian

Mr. Mrs. Ms. Dr. First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
E-Mail \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

#### STUDENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

#### MEMBERSHIP INFORMATION [Dues are \$20.00 per family]

My school affiliation is:  
Parent/Guardian      Teacher  
Family Member      Community Partner

The success of the Brent PTA relies on its volunteers. There are many ways you can contribute. Please indicate the volunteer opportunities that interest you:

I want to join the Brent PTA  
New member      Renewing  
My family wishes to contribute more:  
\$15.00  
\$25.00  
\$45.00  
Other

Back-to-School Night      Theatrical Productions  
Fall Festival      Field Trips  
Fund Raising      School Yard Improvement  
School Tours      Cultural/Special Events  
Tutoring       Wherever Needed

#### PAYMENT INFORMATION | Apply Online At [www.BrentElementary.org](http://www.BrentElementary.org)

Total Amount to Be Charged \$ \_\_\_\_\_  
Payment type  Visa  MasterCard  American Express  Check Enclosed  
*Make checks payable to "Brent PTA."*  
Name on Credit Card \_\_\_\_\_ Credit Card Number: \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Signature: \_\_\_\_\_

**For Official Use Only** To be completed by the Brent PTA Membership Committee  
Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Form of Payment: \_\_\_\_\_ Received By: \_\_\_\_\_