

WWW.APOLLOPTA.ORG
You can also complete this membership form online.



APOLLO PTA MEMBERSHIP FORM

Support your child's education and join the Apollo Elementary PTA!

Receive a FREE student directory and 10% discount on spirit wear with your membership

1st Member's Name: _____ New ___ Renewal ___

2nd Member's Name: _____ New ___ Renewal ___

Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____

_____ Please check here if you **DO NOT** want your information published in the student directory.

Child's Name: _____ Teacher: _____ Grade: _____

Child's Name: _____ Teacher: _____ Grade: _____

Child's Name: _____ Teacher: _____ Grade: _____

Child's Name: _____ Teacher: _____ Grade: _____

Apollo PTA Membership: *(community membership does not receive a directory or discount on spirit wear).*

\$20 Individual **\$25 Family** \$15 Staff \$10 Community Member Amount: \$ _____

Pass the Hat Fundraising:

- To support enrichment grants, programs and services that the school cannot provide.

\$50 suggested donation per student Amount: \$ _____

Grand Total (Membership + Donation): Amount: \$ _____

(Please make check payable to Apollo PTA.)

Please list your employer if they participate in **Matching Funds:** _____
 Apollo PTA is a 501(c)3 organization. All donations are tax deductible to the extent of the law.

Paid by check # _____ OR cash _____.



Apollo Elementary PTA