

OTIS A. MASON ELEMENTARY
PTA MEMBERSHIP APPLICATION

(PLEASE PRINT CLEARLY)

FULL NAME(S): _____

(1)STUDENT NAME: _____

TEACHER: _____ GRADE: _____

(2)STUDENT NAME: _____

TEACHER: _____ GRADE: _____

(3)STUDENT NAME: _____

TEACHER: _____ GRADE: _____

EMAIL ADDRESS: _____

PHONE #S: _____

PREFERRED METHOD OF CONTACT: EMAIL PHONE SENT HOME W/STUDENT

ARE YOU A ST JOHNS COUNTY SCHOOL BOARD CLEARED VOLUNTEER? Y or N

MEMBERSHIP OPTIONS:

- SINGLE MEMBERSHIP: ONE CARD **\$5.00**
- FAMILY MEMBERSHIP: TWO CARDS **\$8.00**
- DELUXE SINGLE: ONE CARD, ONE SPIRIT SHIRT (CHOICE OF SIZE), COUPON(S) FROM LOCAL BUSINESSES & ONE HOMEWORK PASS = **\$12.00** **SIZE:** _____
- DELUXE FAMILY: TWO CARDS, TWO SPIRIT SHIRTS (CHOICE OF SIZES), COUPON(S) FROM LOCAL BUSINESSES & ONE HOMEWORK PASS = **\$20.00** **SIZES:** _____
- Additional shirts: QTY: _____

PAID: CASH CHECK # _____ RCVD BY _____

Cards issued: Y or N DATE: _____
Coupons issued: Y or N DATE: _____
Received Shirts: Y or N DATE: _____