



# JACKSON MIDDLE SCHOOL P.T.O.

## Membership Form

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone  
Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

### PTO Membership Dues

\$10 Family       \$25 Silver Level       \$50 Gold Level       \$ Other

With your permission, we will use your name and address for PTO purposes. If you do not wish to have your permission to do so, \_\_\_\_\_

Jackson Middle School PTO is a non-profit organization.

THANK YOU FOR YOUR SUPPORT! Please make checks payable to Jackson Middle School PTO. Checks and membership forms may also be mailed to Jackson Middle School PTO, Jackson, SC 29831.

Volunteer opportunities. Please check the line(s) to which you would be willing to assist.

Fundraising Committee       Membership Committee       Officer (Treasurer, Secretary, etc.)  
 Volunteer Committee       Publicity Committee  
 Other-Please list \_\_\_\_\_ If you wish for someone or know someone that may be able to make contributions to the PTO please list with their phone number so a member can contact them.