



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) which you would be willing to accept.

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.