



Booker T. Washington Elementary

PTA Membership Form

Member Name(s): _____

Total Memberships: ____x\$5.00= \$ _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address (es): _____

Student(s) Name

Grade/Teacher

_____	_____
_____	_____
_____	_____

___ Check here if you are a teacher/staff of
Washington Elementary School.

_____ Do you have a Kroger Card?

_____ If so, is it linked to Booker T. Washington?
