



Membership Form

Parents Name: _____

Phone Number: _____

Email Address: _____

Memberships cost \$5.00 each. Please make checks payable to *Bullard Elementary PTSA*. Put this form and payment in an envelope labeled PTSA Memberships and put in the blue PTSA box outside the counselors' office.

Student 1:	Teacher/Grade:	
Student 2:	Teacher/Grade:	
Student 3:	Teacher/Grade:	
*Community/Business Member Name:		
Address:		
*Community/Business Member Name:		
Address:		
*Community/Business Member Name:		
Address:		
Quantity purchased:		
Total amount paid:		

*Community partners include, but are not limited to, business partners, police/fire department members, school board members and senior citizens.