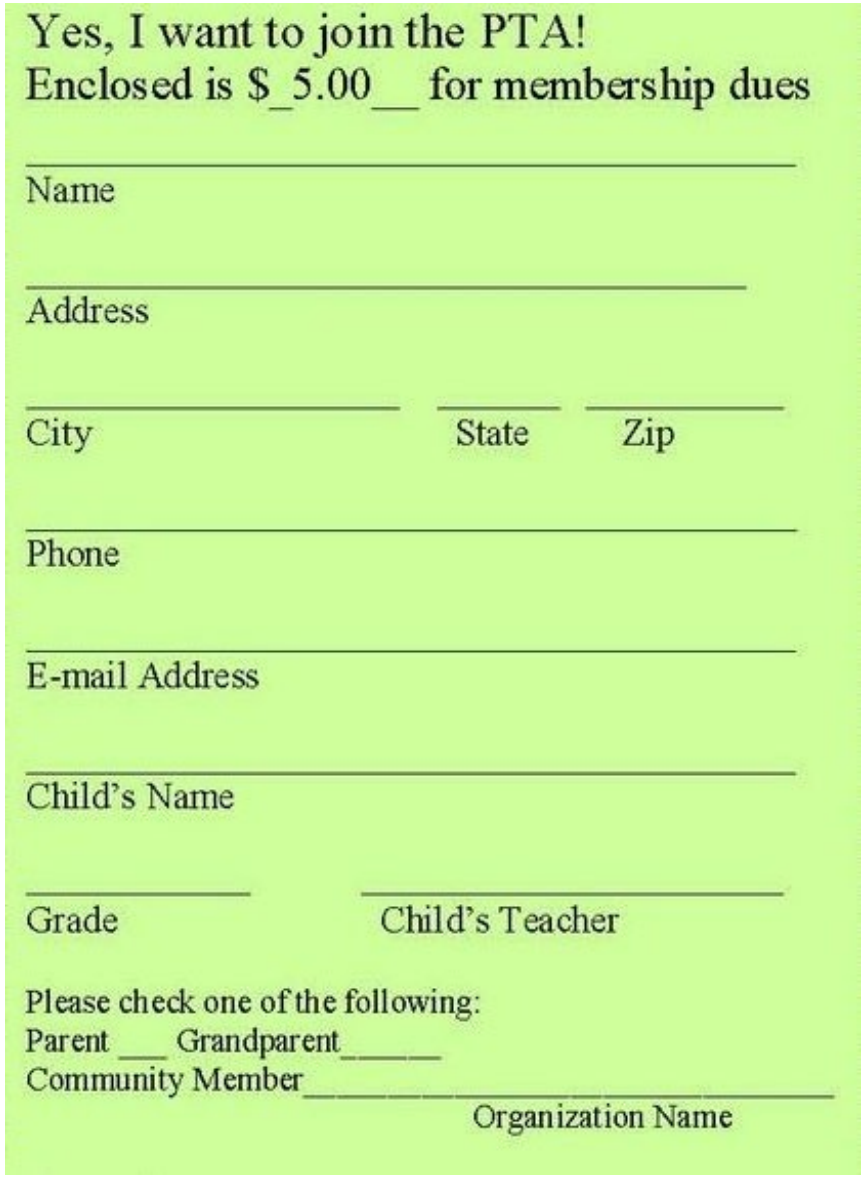


Yes, I want to join the PTA!
Enclosed is $_5.00__ for membership dues

_____
Name

_____
Address

_____ _____ _____
City State Zip

_____
Phone

_____
E-mail Address

_____
Child's Name

_____ _____
Grade Child's Teacher

Please check one of the following:
Parent ___ Grandparent_____
Community Member_____
Organization Name

Veritas PTA Membership Drive

- Help bridge the gaps between parents and education
- Know what is happening in your child's school and your community
- Have a voice for all children
- Receive email updates about school events
- Mail form with 5.00 in the envelope provided
- Questions email is at Veritaspta17@gmail.com