

PJH West PTA Membership Form

Dues are \$10.0 per member

Member Name(s): _____

Address: _____

City, State, Zip Code _____

Phone Number: _____

E-Mail: _____

Students' Names & Teacher (In This School): _____

Check all that apply: Student _____ Parent _____ Faculty/Staff _____

Community Member _____ Texas Life Member _____

I would like to receive PJHW PTA emails. _____

For PTA use only: Cash \$ _____ Check \$ _____ Membership Card(s) Issued Date Card(s) Issued _____

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