

Paxon School for Advanced Studies 2019-20 PTSA Annual Membership Form

STUDENT NAME	GRADE

PARENT/GUARDIAN NAME

Membership Cards with your name on them will be emailed for you to print. One email per person per card

#	FIRST NAME	LAST NAME	MEMBERSHIP TYPE	GRADE	EMAIL ADDRESS (must have to receive card)
1			<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Grandparent <input type="checkbox"/> Teacher <input type="checkbox"/> Community/Business		
2			<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Grandparent <input type="checkbox"/> Teacher <input type="checkbox"/> Community/Business		
3			<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Grandparent <input type="checkbox"/> Teacher <input type="checkbox"/> Community/Business		
4			<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Grandparent <input type="checkbox"/> Teacher <input type="checkbox"/> Community/Business		
5			<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Grandparent <input type="checkbox"/> Teacher <input type="checkbox"/> Community/Business		
6			<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Grandparent <input type="checkbox"/> Teacher <input type="checkbox"/> Community/Business		

DONATIONS

PTSA runs off donations. Donations help fund student/ teacher events and needed school items. Donations are tax deductible and greatly appreciated!

\$10 Donor
 \$25 Blue
 \$50 Gold
 \$75 Family
 \$100 Sponsor
 \$200 Eagle
 \$300 Golden Eagle
 \$400 Soaring Eagle

OTHER AMOUNT \$ _____ (Write in)
 *Please ask your HR Department about Corporate Matching donations to non-profit organizations.

# of MEMBERSHIPS		MEMBERSHIP TOTAL		DONATION	GRAND TOTAL
	X \$5	= \$	+	\$	= \$

Make checks payable to: **Paxon SAS PTSA**

For Office Use Only: Cash\$ _____ Credit\$ _____ Check\$ _____ Check# _____ PTSA Received By (Initial): _____

Please send this form along with payment to the Front Office in an envelope labeled "PTSA Membership" or mail to: Paxon SAS PTSA Memberships, 3239 Norman E. Thagard Blvd, Jacksonville, FL 32254. If you have any questions, please email the Membership Chair at paxon@my-ptsa.org