

**ANDREW JACKSON HIGH SCHOOL OF ADVANCED TECHNOLOGY
PTSA MEMBERSHIP FORM**



Student's name _____ Grade _____

Parent/Guardian Name: _____ Parent/Guardian Phone _____

Employer: _____ would they sponsor? Yes _____ No _____

Typical Hours Available: _____ Am _____ Afternoon _____ Pm _____ Weekends
 _____ Mon _____ Tues _____ Wedn _____ Th _____ Fri _____ Sat _____ Sun SKILLS: _____

NAMES FOR MEMBERSHIP CARDS:

EMAIL ADDRESS: PLEASE PRINT CLEARLY

(required to complete membership)

1. _____ (Male/Female) _____ @ _____
Circle: Parent-Student-Teacher-Business-Grandparent

2. _____ (Male/Female) _____ @ _____
Circle: Parent-Student-Teacher-Business-Grandparent

3. _____ (Male/Female) _____ @ _____
Circle: Parent-Student-Teacher-Business-Grandparent

4. _____ (Male/Female) _____ @ _____
Circle: Parent-Student-Teacher-Business-Grandparent

Total # of Memberships _____ x \$7.00 each = Total Membership Amount \$ _____

*Make checks/Money Orders payable to AJHS-PTSA Send Payment electronically via CashApp @ \$AJHSPTSA1
 (write full name in the "FOR" section)*

Member Benefits

Your donations and membership help us to assist the communication between the school and your home by providing fun and educational activities for students and teachers, meetings on topic of interests, parent workshops, email and Facebook updates, and opportunities for parents to volunteer at school-sponsored events! Students who join PTSA can also earn community service hours by attending the group meetings!! Members composed of parents/ students/ school faculty/ community partners.

Your gift to the AJHS PTSA is tax deductible.

How Involved Do You Want To Be?

_____ join _____ board position _____ event planner _____ monthly meetings
 _____ sponsor an event _____ volunteer at an event _____ donate* (\$15 \$25 \$50 \$100)
 *circle one and notate below

We Thank you for joining our growing family! Our goal is to create a positive and safe environment for our students. Whether you are a first time or returning student, we have resources and information on how to make your high school experience as successful as possible.

Membership \$ _____ + Donation \$ _____ = Total \$ _____

Cash: _____ Check#: _____ \$APP: _____ PTSA Verified by: _____

**Please return this form and payment to the front office to be placed in the PTSA box or mail to:
 Andrew Jackson High School Of Advanced Technology, 3816 N. Main Street., Jacksonville, FL 32206-1450. If you have any questions, please email us at ajhsat.pts@gmail.com.**

please check box if you give AJHS PTSA permission to use photographs/videos of your student for advertising of our activities and/or programs.