



Membership Form

By joining the Jackson Middle School PTSO, you become a member of an organization that works year round to improve the education, health, safety, and the welfare of ALL children. Please help us reach our membership goal.

Dues are \$5.00 per member.

Make all Checks Payable to Jackson Middle School PTSO.

MEMBER NAME(S):

Name: _____

Circle One: Parent, Guardian, Teacher, Student, Grandparent, School Staff, Community Member

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Cash/Check #: _____ Member Email Address: _____ Phone: _____

STUDENT INFORMATION:

Student Name: _____ Grade: _____ 1st period teacher: _____

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Interested in volunteering? Yes Not at this time

If so, area(s) of interest? PTSO Meetings Food Sales Box Tops Other: _____

Thank you, Jaguars!

