



PTA MEMBERSHIP APPLICATION

Yes, I want to join the PTA! Enclosed is **\$10** for membership dues. Make Check Payable to "OGM PTA"

Name: _____

Address: _____

Home: () _____ Cell: () _____

Primary Role: Parent/Guardian Grandparent Teacher/Staff Other

Email: _____ Please add me to PTA emails for updates.

Please watch for updates from OGM directly too! Check us out on Facebook 😊

Student(s):

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Address envelope to "OGM PTA" & return to OGM's school office or your child's teacher.

For more info contact: Jen Rasmussen, Secretary ~ email: ogms271ptsa@gmail.com

Name: _____

LOCAL OFFICE USE: Payment Method: Cash Check—check # _____ Date: _____