

BROOKHAVEN ACADEMY

PTL

MEMBERSHIP

YOUR INFORMATION

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

YOUR CHILDREN:

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

\$20 YEARLY MEMBERSHIP

\_\_\_\_\_ I WOULD LIKE TO CHARGE MY ACCOUNT THE \$20 MEMBERSHIP FEE.

\_\_\_\_\_ I WOULD LIKE TO PAY CASH FOR \$20 YEARLY MEMBER SHIP FEE.

SIGNATURE \_\_\_\_\_

2024-2025