



MEMBERSHIP FORM



Your Information

Name _____

I have ____ students enrolled at Brookhaven Academy

My student(s) is/are in grade(s):

K3 K4 K5 | 2 3 4 5 6

7 8 9 10 11 12

Phone # _____ OK to text? YES NO

Email _____

How Are You Interested in Getting Involved?

- ___ Fall Festival
- ___ Santa Shoppe
- ___ Valentine's Fundraiser
- ___ Cougar Store
- ___ Teacher Appreciation
- ___ Teacher/Staff Luncheon

Are you able to commit to attending 1 meeting per month? YES NO

What skills/expertise & areas of interest would you like to offer to the PTL?

I'd like to become a member of the BA PTL. Please charge \$20 to my account.

Name _____

Signature _____

Thank You So Much For Your Interest and Support!