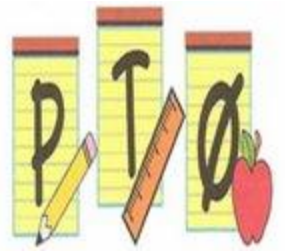




Beauregard-Sanford Parent Teacher Organization Application



Name: _____

Check One: Parent/Guardian _____ Teacher _____ Other _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Home Address: _____

Child(ren)'s Name(s): _____

Annual Membership dues ar \$2.50 for each parent/relative and for teachers.

Patron Membership \$25.00; Supporting Membership \$10.00;

Benefactor Membership \$50.00

Pd. _____ Date Cash _____ Check _____ Check # _____

Please mark on which committee you would like to participate:

Fundraising _____ Volunteer _____ Membership _____ Public Relations _____ Other* _____

Beauty Pageant _____ Facilities _____ Grant Research* _____ Community Outreach _____

If you are unable to support a specific activity, please indicate if you are able to volunteer a half-hour of time:

I can volunteer a half-hour of time in the morning. _____

I can volunteer a half-hour of time in the afternoon. _____

I can volunteer a half-hour of time in the evening. _____

Please give a brief description of other talents you can offer (more space on back):

THANK YOU FOR YOUR MOST VALUABLE GIFT: YOUR TIME

All PTO Board Meetings are held at 6:30 p.m. at BHS Media Center. Please check with your child's school for dates.