



PTA MEMBERSHIP APPLICATION 2011-2012

KGES PTA's CORE MISSION is to be a powerful voice for all children, a relevant resource for families and communities, and a strong advocate for the education and well-being of every child. To this end, the PTA seeks to foster communication between parents, students, teachers, and staff and in so doing facilitate creativity and a love of learning in our children.

BECOME A PTA MEMBER and add your voice to that of others vested in our children's education.

BECOME A PTA MEMBER and discover the depth of resources to address your families' questions and concerns.

BECOME A PTA MEMBER and be a more informed, involved parent.

PARENTS, GUARDIANS, GRANDPARENTS, TEACHERS AND COMMUNITY FRIENDS of Kent Gardens are invited to join. Your membership and active participation can enrich the educational experience for your child(ren) and the entire KGES community. PTA meetings are held generally on the 2nd Tuesday of every month at 7:00pm in the Media Center.

MEMBERSHIP DUES

Membership Type	Cost	\$ Directly to KGES Chapter	Vote per Household
Individual	\$10	\$7.50	One
Family	\$20	\$17.50	Two

Additionally, whether you select an individual or family membership, you will receive one copy of the Kent Gardens' Student Directory which provides a wealth of school-wide contact information.

YOUR DUES SUPPORT a vast array of educational programs and activities, and provide funds for computers, software, books and library materials. Your child's teacher receives a stipend from PTA funds to use for program enrichment. Visit www.KentGardensPTA.com or the National PTA site at www.PTA.org to learn more.

SUPPORT OUR SCHOOL, SUPPORT YOUR FAMILY, JOIN NOW

THANK YOU FOR YOUR SUPPORT

MEMBERSHIP CATEGORY: CHECK ONE **FAMILY - \$20** **INDIVIDUAL-\$10**

MEMBER INFORMATION: CHECK ONE **PARENTS, GUARDIANS OR FAMILY MEMBER** **TEACHERS** **FRIEND OF KG**

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Phone or e-mail: _____

STUDENT INFORMATION: ELDEST KGES STUDENT ONLY

Last Name: _____ First Name: _____ Grade/Homeroom Teacher: _____

Please return this form, along with your check payable to "**Kent Gardens PTA**," in the next Friday Folder. Please **DO NOT** send cash. Membership questions should be directed to www.Membership@KentGardensPTA.com.