

**Oregon PTA Membership Application
Jefferson Parents and Teachers
2016-17**

Membership Type: Parent _____ Guardian _____ Grandparent _____ Youth _____
Teacher _____ School Staff _____ Community _____ Other _____

Name _____
Phone _____
Email: _____
Address: _____
City: _____
State: _____ **Zip:** _____

Please attach membership fee of \$10. Make checks out to "JPAT." Return form and check to office or Scrip mailbox in front lobby. To join online go to www.oregonpta.org and search for "Jefferson Parents and Teachers." An online processing fee applies.

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