

# Weller Elementary PTO Membership

Please Fill Out and Enclose Payment

Child/Children's Name (s) (First/Last) \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

PTO Family Membership Dues (\$20 **per family**): \$ \_\_\_\_\_

Make a cash donation instead of participating in fundraising: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Total Enclosed

(cash or check payable to Weller PTO)