

Clarkdale-Jerome School
PTSO Membership Form

Name: _____

Address: _____

email: _____

Phone Number: _____ Cell Phone: _____

Child's Name	Teacher/Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Membership Fees:

Adult \$5.00

Family \$10.00

Please make checks out to CJES PTSO

() You can count on me for help and support.

THANK YOU FOR YOUR SUPPORT AND CONTRIBUTIONS!