



***Help us reach our goal of 100% school-wide membership!***

Individual Membership: \_\_\_\_\_ = \$ 10.00

Family Membership (two parents/guardians): \_\_\_\_\_ = \$18.00 (10% discount)

I already joined, but we would like to add a 2<sup>nd</sup> parent/guardian: \_\_\_\_\_ = \$8.00

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Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Please return this form with payment (check made payable to: Delta Kelly PTA)  
to the main office in an envelope marked PTA MEMBERSHIP.

If you have any questions, please contact Krystyn Irvine at [kirvine469@gmail.com](mailto:kirvine469@gmail.com).