



# **PARENT TEACHER ORGANIZATION**

## **MEMBERSHIP FORM**

**J.F. GAUTHIER ELEMENTARY**

**2016-2017**

**Student (s) Name:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Please list the ways you would like to assist at Gauthier:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**DUES \$5.00 PER FAMILY**