

Jackson Council PTA/PTSA Membership Dues

School's Name _____

School's Address _____

School's Telephone _____

PTA/PTSA President _____

President's Address _____

City/State Zip Code _____

Principal's Name _____

Contact Telephone Number _____

Contact Name (If not President) _____

e-mail Address _____

Please submit \$50.00 council dues to:

***Jackson Council PTA/PTSA
Post Office Box 1145
Jackson, MS 39215-1145***

Please make check payable to Jackson Council PTA/PTSA