AES PTA

2025- 2026 Membership Application

NAME (S)

EMAIL ADDRESS **PHONE**

ADDRESS

STUDENT'S NAME	GRADE & TEACHER
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FAMILY MEMBERSHIP
$15 _____

TEACHER MEMBERSHIP
$10_____

ADDITIONAL DONATION $_____

YOUR MEMBERSHIP FEES DIRECTLY SUPPORT THE TEACHERS AND STUDENTS OF AES
YOU CAN PAY BY CASH, CHECK- PAYABLE TO ANDOVER PTA OR VENMO @ANDOVERELEMENTARY-CTPTA

PLEASE RETURN FORM AND FEE TO SCHOOL BY OCTOBER 9, 2025

IF YOU WOULD LIKE MORE INFO ON HOW YOU CAN HELP THE PTA, PLEASE CONTACT US AT ANDOVERELEMPTA@GMAIL.COM

THANK YOU FOR YOUR SUPPORT OF THE AES PTA