



**GET OUT OF THE STANDS
GET IN ON THE ACTION**

JOIN OGLE ELEMENTARY SCHOOL PTA TODAY!



Parent(s) Name(s): _____

Address: _____

Phone Number / E-mail: _____ / _____

Member type: ___ **Staff-5.00** ___ **Individual-8.00** ___ **Family-13.00**

We are excited to offer an Ogle student directory for PTA members only this fall. If you would like a directory you will need to be an Ogle PTA member. Please check the appropriate response regarding having your information included in the Ogle PTA directory.

___ **Yes! Include my information in the Ogle Directory.** ___ **I would NOT like my information included in the Ogle directory.**

Signature: _____

***Please make check payable to Ogle PTA**