



Bedford Parent Teacher Group

Annual Membership/Calendar

www.bedfordptg.org

Please PRINT clearly and complete one membership envelope per staff member (including family members).
Please make checks payable to **Bedford PTG.**

Parent's Name _____ Phone # _____

Email _____ Membership Fee per Family: **\$15.00**

Please provide the following information for each student (as applicable):

Student's Name	School	Homeroom Teacher/Advisor	Grade

Please indicate if you would like a copy of the Bedford PTG Calendar: Yes No

To **make a donation** in lieu of participating in fundraisers throughout the year, please indicate the amount and enclose a check payable to the **Bedford PTG.** [Fundraising materials/notices may still come home with your student(s).]

Additional Donation Amount: \$ _____

*All membership fees & donations are **tax deductible** and **directly fund** PTG sponsored programs within the school district.*

Return this envelope with payment to your student's homeroom teacher or advisor/school. Thank you for supporting the Bedford PTG!