

Dear Parents, Guardians, Friends, and Staff,

We invite you to join us as members of the Duvall Parents, Guardians, and Friends Association. We believe that there is strength in numbers. We and our residents need your support, so please fill out the membership application and send it with your check or money order to the address below.

Thanks, in advance, for joining with us. We will keep you informed of the activities of the organization by e-mail or USPS.

The DPGFA Board of Directors

Duvall Parents, Guardians, & Friends Association

Membership Application/Renewal 2012

Please print clearly.

Last name: _____ First name: _____

Spouses name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone numbers: (H) _____ (O) _____ (C) _____

E-mail: _____

Dues Categories: \$25 _____ per household

Duvall Staff Membership \$5 _____

It is OK to distribute my information in the Duvall Parents, Guardians, and Friends directory to members and staff. Yes _____ No _____

Make check or money order to: DPGFA (Not tax deductible)

Send to:

Duvall Parents, Guardians, and Friends Association

P.O. Box 229260

Glenwood, FL 32722-9260

Thank you for participating with us.