

PMA & PMMS PTSA

MEMBERSHIP 2018-2019

Member #1: _____ \$7.00

Parent Student Circle Grade: 6 7 8
 Grandparent Teacher
 Guardian School Staff

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Student Name: _____ Primary phone: _____

I give PMA & PMMS PTSA permission to communicate by email important PTSA reminders; date(s) of upcoming PTSA sponsored events and PTSA General Meetings. This information will only be used by the PMA & PMMS PTSA.

Member #2: _____ \$7.00

Parent Student Circle Grade: 6 7 8
 Grandparent Teacher
 Guardian School Staff

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Student Name: _____ Primary phone: _____

I give PMA & PMMS PTSA permission to communicate by email important PTSA reminders; date(s) of upcoming PTSA sponsored events and PTSA General Meetings. This information will only be used by the PMA & PMMS PTSA.

Member #3: _____ \$7.00

Parent Student Circle Grade: 6 7 8
 Grandparent Teacher
 Guardian School Staff

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Student Name: _____ Primary phone: _____

I give PMA & PMMS PTSA permission to communicate by email important PTSA reminders; date(s) of upcoming PTSA sponsored events and PTSA General Meetings. This information will only be used by the PMA & PMMS PTSA.

PTSA USE ONLY:

Cash: _____ Check: _____ Box Tops: _____ Date: _____ Student Name _____ Card Issued: _____