



PMA PMMS PTSA Membership Form 2025-26

Parent \$10.00 Teacher/Staff \$8.00 Student \$6.00

Please Print

Member: _____ Primary Phone#: _____

Parent Grandparent Guardian Teacher School Staff Student

Email: _____ Would you like to be contacted to volunteer? YES NO

Student Name _____ Grade _____ Homeroom/ Advisory # _____

Student Name _____ Grade _____ Homeroom/ Advisory # _____

Student Name _____ Grade _____ Homeroom/ Advisory # _____

Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
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Pay by cash or check (made out to PMMS/PMA PTSA)

Questions? Email us! PMAPMMSPTA@Gmail.com

