



PMA PMMS PTSA Membership Form 2020-21



 Individual Membership \$10.00 Family \$15.00

Please Print

Member #1: _____ Primary Phone#: _____

 Parent Student Grandparent Teacher Guardian School Staff

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 # _____

Member #2: _____ Phone Number: _____

Email: _____ Volunteer? YES NO

Member #3: _____ Phone Number: _____

Email: _____ Volunteer? YES NO

VENMO Information to pay online: PMMS-PTSA

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 BOARD USE ONLY:

Cash: _____ Check#: _____ Credit Card/Venmo: _____ Amount: _____ Date: _____ Board Initials: _____



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