

# 2019-2020 PTSA Membership Form

– Please show your support by becoming a member today!

We are committed to making every child's potential a reality by engaging and empowering families and communities to advocate for all children. You can help us reach our goal in this community by becoming a member. Please fill out the form below and return to us with your membership dues. Your dues go toward funding our local programs and advocacy efforts, as well as the advocacy work that our State and National PTA carries out on behalf of *all* children.

## Mailing Address

Street		
City	State	Zip code

## Member #1 Information

Name	Membership Type <input type="checkbox"/> Standard (\$10) <input type="checkbox"/> Additional Family (\$6) <input type="checkbox"/> Student (\$4)	Email (required to send eCard)
Mobile # for Text message (    )	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographic Information for Awards <input type="checkbox"/> Male <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member

## Member #2 Information

Name	Membership Type <input type="checkbox"/> Standard (\$10) <input type="checkbox"/> Additional Family (\$6) <input type="checkbox"/> Student (\$4)	Email (required to send eCard)
Mobile # for Text messages (    )	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographic Information for Awards <input type="checkbox"/> Male <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member

## Member #3 Information

Name	Membership Type <input type="checkbox"/> Standard (\$10) <input type="checkbox"/> Additional Family (\$6) <input type="checkbox"/> Student (\$4)	Email (required to send eCard)
Mobile # for Text messages (    )	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographic Information for Awards <input type="checkbox"/> Male <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member

## Member #4 Information

Name	Membership Type <input type="checkbox"/> Standard (\$10) <input type="checkbox"/> Additional Family (\$6) <input type="checkbox"/> Student (\$4)	Email (required to send eCard)
Mobile # for Text messages (    )	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographic Information for Awards <input type="checkbox"/> Male <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member

## Student Information

Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom

## Donation

Please indicate your tax-deductible contribution. **100%** of your donation goes directly to Williamsville South PTSA programs.

- \$25     
  \$50     
  \$75     
  Other \$ \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO: WILLIAMSVILLE SOUTH PTSA**  
**RETURN COMPLETED FORM TO THE MAIN OFFICE IN AN ENVELOPE ATTN: PTSA**

## For PTSA Use Only

# of Members	X	\$	=	Total Due	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Date: _____
					Entered in NYS PTA Online Membership System	Date: _____