

South Seminole Middle School PTSA Membership everychild.onevoice.

Student Name _____

Grade and 1st Period Teacher _____

Membership Dues: \$5 per person; \$25 Business Member

PLEASE PRINT CLEARLY

Member Name _____

Member Name _____

Member Name _____

Member Name _____

Address _____

City, State & Zip _____

Contact Phone _____

INDICATE TYPE & QUANTITY OF EACH

____ Parent/Guardian ____ Student ____ Teacher ____ Staff ____ Other

Total Amount (including Tax Deductible Donation if desired) \$ _____

Please make checks payable to: SSMS PTA

Please add me to the **PTSA Volunteer Email Alert List** to receive information and volunteer opportunities via email.
Membership is NOT required to sign up for this service.

EMAIL _____

Office Use – Volunteer's Initials _____ PTA Card # _____

Method of Payment: Check # _____ Cash Amount _____ Square _____