



Seminole Middle School PTSA - Membership Form

Purchasing 2018-2019 Membership(s) for:

Name: _____

E-Mail: _____ Home/Cell: _____

Circle all that apply: parent grandparent student SMS-Teacher SMS-Administration PTSA Board

Name: _____

E-Mail: _____ Home/Cell: _____

Circle all that apply: parent grandparent student SMS-Teacher SMS-Administration PTSA Board

Please list your student(s) who will attend SMS during the 2018-2019 school year

Student's Name: _____ Grade: 6th 7th 8th

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Purchasing a PTSA Membership requires NO commitment!

Annual membership dues are \$10.00 per person

of memberships purchasing: Adult(s) _____ Student(s) _____ SMS Staff _____ PTSA Board _____

If you wish to include a donation to the SMS PTSA, please list the donation amount: \$ _____

Make checks payable to SMS PTSA

Completed forms with payment are to be placed in the PTSA locked box located in the front office. Per Pinellas County regulations, teachers/staff are not permitted to handle non-school money.

If you are interested, please check any areas below that you would be willing to volunteer!

Time available: Day Evening

- Hospitality (staff breakfast/luncheons—food donations—3 times per year)
- Membership/Spirit Items/Food sales for evening programs
- Reflections - cultural arts program
- Fundraiser assistance (collection of packets, distribution of items)
- Grade Level Celebrations (circle which grade 6th 7th 8th)

*****For office use only*****

Total Amount paid \$ _____ Date Received _____ Payment Type: Cash or Check

Date Card(s) issued _____ Member number(s) assigned: _____