

2016-2017

Membership Form

Floyd Middle School PTSA – 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.

Member(s) Household Information

Address		
City	State	Zip

Member #1 Information

Name		Email
Phone #1 ()	Mobile # for Text messages ()	Demographic Info (for awards) <input type="checkbox"/> School Emp. <input type="checkbox"/> New Member <input type="checkbox"/> Student <input type="checkbox"/> Community Member

Member #2 Information

Name		Email
Phone #1 ()	Mobile # for Text messages ()	Demographic Info (for awards) <input type="checkbox"/> School Emp. <input type="checkbox"/> New Member <input type="checkbox"/> Student <input type="checkbox"/> Community Member

Member #3 Information

Name		Email
Phone #1 ()	Mobile # for Text messages ()	Demographic Info (for awards) <input type="checkbox"/> School Emp. <input type="checkbox"/> New Member <input type="checkbox"/> Student <input type="checkbox"/> Community Member

Member #4 Information

Name		Email (required to send eCard)
Phone #1 ()	Mobile # for Text messages ()	Demographic Info (for awards) <input type="checkbox"/> School Emp. <input type="checkbox"/> New Member <input type="checkbox"/> Student <input type="checkbox"/> Community Member

Student Information

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

Please let us know if you'd like more information on any of our programs, your volunteer availability, or if you have any suggestions or questions in the space provided below

Before School
 During School
 After School
 Evenings
 From Home

Do you have a unique talent, skill or access to a unique resource that might assist the PSTA? _____

For PTA Use Only

_____	X \$ _____	= _____	Payment Method: <input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____ Date: _____ (Make payable to Floyd PTSA)	
Number of Members		Total Due			
Entered in GA PTA Online Membership System			Date: _____		