Seminole Middle School
PTSA - Membership Form

Name: ___________________________________________
E-Mail: __________________________________________
Home/Cell: _______________________________________
circle all that apply:  parent  grandparent  student  SMS-Teacher  SMS-Administration PTSA -Board

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Please list your student(s) who will attend SMS during the 2014-2015 school year

Student’s Name: ___________________________________________  Grade: 6th 7th 8th
Student’s Name: ___________________________________________  Grade: 6th 7th 8th
Student’s Name: ___________________________________________  Grade: 6th 7th 8th

Annual membership dues are $5.00 per person

Number of memberships: _____ adult(s) _____ student(s) _____ SMS Staff _____ PTSA Board

If you wish to also include a donation to SMS PTSA, please list the 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.

VOLUNTEER INTEREST: please check any areas that you would be willing to volunteer

☐ Hospitality (staff breakfast/luncheons—food donations—3 times per year)
☐ Teacher Appreciation Week (helping organize gifts for SMS staff)
☐ 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)
☐ Computer Work (newsletter, website)

****************************For office use only****************************
Total Amount paid $ ___________  Date Received ___________  Payment Type: Cash or Check

Date Card(s) issued _______________  Member number(s) assigned: ___________