

Seminole Middle School PTSA - Membership Form

Name: _____

E-Mail: _____ Home/Cell: _____

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

Name: _____

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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

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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

Time available: Day Evening

- 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: _____