



NTMS PTSA 2009-2010
MEMBERSHIP FORM

Parents Name (s): _____

Address: _____ Phone: _____

Email: _____

Yes! I would like to receive NTMS PTSA's E-Newsletter: _____ **No thanks** _____

Child's Grade Level: 6th _____ 7th _____ 8th _____

(Please check all that apply – our email updates are sometimes sent only to the grades the information applies to.)

Yes! I want to support our kids at the middle school by joining PTSA

Individual Membership: \$10.00 _____

Family: \$20.00 _____

No Guilt Membership: \$35.00 _____

(Relax you're done!)

Additional Donations: _____

Total: _____

Please make checks payable to NTMS PTSA.

When you join PTSA, you join a community that encourages student achievement and enriches the learning environment. We believe in building partnerships between our families and our schools.

Together we can make a difference! Thank You for your support!