

O.L. SMITH PTSA MEMBERSHIP

Please fill out the information below and return it to the Membership Chairperson or return this form with your dues in an envelope marked "PTSA Membership" to the school office. It can be placed in the PTSA mailbox.

MEMBERSHIP DUES ARE \$5.00 PER ADULT / \$5.00 PER STUDENT

Name: _____

Spouse: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you interested in receiving email updates about PTSA happenings? Yes _____ No _____

Student(s) Name and Grade Level

Membership Purchased?

Yes / No

Yes / No

Amount Enclosed: \$ _____ cash

\$ _____ check

Make checks payable to: O.L. Smith PTSA

Membership ID Received: _____ Yes _____ No

I would be interested in volunteering for the following:

_____ Hospitality at Various Events

_____ Staff Appreciation Lunch / Week

_____ Monthly Newsletter (collating/ mailing)

_____ Family Fun Night or Other Family Programs

_____ School Yearbook

_____ Fundraisers

Is there any topic that you would be interested in the PTSA obtaining speakers on or providing information on?

We Appreciate Your Support of Our School by Joining the O.L. Smith PTSA!