



**Eastern Middle School PTSA
Membership Form**

Name _____

Phone # _____ Email address _____

Would you like to be added to the PTSA email list? Yes No I'm already on it (circle one)

Please provide your mailing address if you would like to receive a membership card or a receipt for your donation.

Street _____ City/Zip _____

Your Eastern Middle School Student's Name:

(First) _____ (Last) _____ Grade _____

If you have an additional child at Eastern Middle School:

(First) _____ (Last) _____ Grade _____

PTSA Contribution

1-Year Membership Dues: \$10

Additional Donation: \$10 ___ \$25 ___ \$50 ___ \$100 ___ Other \$ _____

Total Enclosed: \$ _____

Please make check payable to EMS-PTSA or make your payment online at <http://pay4schoolstuff.com>

Would you like to become more involved with the PTSA? Yes No (circle one)

We would be happy to contact you to talk about ways to get involved!

Please return this form to the PTSA Mailbox: Eastern Middle School PTSA--Attn: Treasurer, 300 University Blvd., East, Silver Spring, Maryland 20901.

Office Use: Cash _____ Check # _____ # Cards Requested _____ Card Sent(Y,N)