

2016–2017 Membership Form

Grand Island High School PTSA - Please show your support by becoming a member today!

We are committed to making every child's potential a reality by engaging and empowering families and communities to advocate for all children. You can help us reach our goal in this community by becoming a member. Please fill out the form below and return to us with your membership dues. Your dues go toward funding our local programs and advocacy efforts, as well as the advocacy work that our State and National PTA carries out on behalf of all children.

| Mailing Address | | | | | |
|---|---|------------------------------|--------------------------------|----------------------------------|--|
| Street | | | | | |
| City | | State | | Zip code | |
| | | | | | |
| Member #1 Information | | | | | |
| Name | Membership \$7.00 e | ach En | nail (required to send e | eCard) | |
| | □ Standard □ Student □ Additional Family | | | | |
| Mobile # for Text message | Interested in Voluntee | nterested in Volunteering De | | mographic Information for Awards | |
| () | □ Yes □ No | | ☐ Male ☐ Teacher/S | Staff Community Member | |
| Member #2 Information | | | | | |
| Name | | | Email (required to send eCard) | | |
| Mah da Wifee Tool assessment | □ Additional Family | ☐ Additional Family | | - Con Assert | |
| Mobile # for Text messages | = | | emographic Information | | |
| | □ Yes □ No | | _ Male □ Teacher/s | Staff Community Member | |
| Member #3 Information Name | Mambarahin ¢7.00 a | oob Fr | acil (required to cond | Cord) | |
| Iname | Membership \$7.00 each E ☐ Standard ☐ Student | | mail (required to send eCard) | | |
| | □ Additional Family | | | | |
| Mobile # for Text messages | Interested in Voluntee | - | emographic Information | | |
| | ☐ Yes ☐ No | [| ☐ Male ☐ Teacher/S | Staff Community Member | |
| Member #4 Information | | | | | |
| Name | Membership \$7.00 each | | Email (required to send eCard) | | |
| Mobile # for Text messages | ☐ Standard ☐ Student ☐ Additional Family ☐ Student ☐ Student ☐ Description ☐ Descript | | emographic Information | o for Awarda | |
| () | • | | ⊐ Male □ Teacher/s | | |
| | L 103 L 140 | | - Iviale Teacher | otan Bommanty Wember | |
| Student Information | | | | | |
| Student Name | Grade | | Teacher/Homeroom | | |
| Student Name | Grade | | Teacher/Homeroom | | |
| Student Name | Grade | | Teacher/Homeroom | | |
| | | | | | |
| Please let us know if you'd like more information on any of our progr | ams, would like to volun | teer, or ha | ve any suggestions or o | questions. | |
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| For PTA Use Only | | | | | |
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| X \$7.00 = Payment Method: □ Cash □ Check # Date: | | | | | |
| Entered in NYS PTA Online Membership System Date: | | | | | |
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