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AMS PTSA MEMBERSHIP FORM

Our goal this year is 100% Membership (1 membership for every student at AMS). Please remember to join all family members as well as students. Remember we are PTSA (parent, teacher, student association). Joining students helps give them a sense of ownership in their PTSA.

Prefix _____ First Name _____ Last Name _____ Suffix _____

Address _____ Apt/Suite _____ City _____

State _____ Zip Code _____ *This is a* _____ Home _____ *This is a* _____ Home _____
_____ Business _____ (Area Code) Phone Number _____ _____ Business _____

E-mail address _____

Additional family members with the same contact information:

REMEMBER TO SEND \$5 FOR YOU AND \$5 FOR EACH ADDITIONAL NAME LISTED ABOVE

Student's Name _____

Homeroom Teacher _____ Grade _____

Return form and \$5 PER MEMBER in attached envelope (make checks payable to Appling PTSA)

