

FMS 2016-17 Membership Form

Unit 19-294 FMS PTA- 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 Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Additional Family	Email (required to send eCard)
Mobile # for Text message ()	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographic Information for Awards <input type="checkbox"/> Male <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member

Member #2 Information

Name	Membership Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Additional Family	Email (required to send eCard)
Mobile # for Text messages ()	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographic Information for Awards <input type="checkbox"/> Male <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member

Member #3 Information

Name	Membership Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Additional Family	Email (required to send eCard)
Mobile # for Text messages ()	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographic Information for Awards <input type="checkbox"/> Male <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member

Member #4 Information

Name	Membership Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Additional Family	Email (required to send eCard)
Mobile # for Text messages ()	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographic Information for Awards <input type="checkbox"/> Male <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member

Student Information

Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom

Our meeting dates are as follows: MONDAY @ 6:30pm in the MS cafeteria

Sept. 19th Jan. 9th
Nov. 7th March 6th
May/June-TBD

For PTA Use Only

_____ X \$ _____ = _____ Payment Method: ☐ Cash ☐ Check # _____ Date: _____
of Members Total Due
Entered in NYS PTA Online Membership System Date: _____