

Coastal Middle School



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2012-2013 Membership Form

Name: _____ Spouse's Name: _____

Email: _____ Spouse's Email: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

- Parent/Guardian Teacher Support Staff
- School Board Member Business Relative (Aunt/Uncle/Grandparent, etc.)
- Other _____

Student Name(s)	Grade	Homeroom Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check any area(s) that you may be able to serve as a volunteer:

- Team parent Media center/book fair
- Parent meeting speaker Drama productions/art contests
- Other (please specify: _____) Front office/making copies

____ Committee volunteer (please select committee/s of interest):

- Hospitality Fundraising
- Membership Reflections (annual Art/Music contest)
- Business Partnership Parent Involvement

Prefer PTSA newsletters sent via: Paper Email

Emails will only be used for PTSA contact purposes.

Form may be placed in an envelope marked **PTSA Membership** and returned to school office or homeroom teacher.

Annual dues are \$6.00 per person.

Make checks payable to Coastal Middle School PTSA.

Amt Pd: _____ Check #: _____ Date: _____ Cash: _____ Card #: _____
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