

PTA MEMBERSHIP FORM



Help support your child's education by joining the Ralph Chandler Middle School PTSA!

Memberships are \$5 per person each year. Please make checks payable to RCMS PTSA.

Date / / Please check this box if you DO NOT want to receive emails from PTSA.

1st Member _____ Email _____
Address _____ City _____, SC Zip _____
Phone () _____ home work cell
 parent student faculty/staff other relationship to student _____

2nd Member _____ Email _____
Address _____ City _____, SC Zip _____
Phone () _____ home work cell
 parent student faculty/staff other relationship to student _____

3rd Member _____ Email _____
Address _____ City _____, SC Zip _____
Phone () _____ home work cell
 parent student faculty/staff other relationship to student _____

4th Member _____ Email _____
Address _____ City _____, SC Zip _____
Phone () _____ home work cell
 parent student faculty/staff other relationship to student _____

If student is not listed above as a new member of the PTSA, please list name and grade below:

Student Name _____ Grade _____ Teacher _____

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_____ memberships @ \$ _____ each = \$ _____ check # _____ cash

What programs or services would you like to see your PTSA offer this year? All suggestions are welcome!

THANK YOU!! Please return form to: the student's homeroom teacher

For PTA Use:

Date rec'd: / / Cards issued: / / Payment amount \$ _____