

**GREENVILLE MIDDLE SCHOOL/HIGH SCHOOL
PTSA MEMBERSHIP FORM (2011-2012)**

Thank you for your support!

*Please complete the form and return, with payment, to the school office.
(Cash or check payable to Greenville MS/HS PTSA.)*

Member Names	Check one			
	Parent	Teacher/ Staff	Student	Friend/ Relative
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____	_____	_____	_____
Address	City	State	Zip

_____	_____
e-mail Address	Phone

Children who attend Greenville MS/HS

Students' Names	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Interested in helping with the following:

Refreshments at Events	<input type="checkbox"/>
Chaperoning	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>
Membership During Events	<input type="checkbox"/>
Pep Rally	<input type="checkbox"/>
Quiz Night	<input type="checkbox"/>
Programs/Speakers	<input type="checkbox"/>
Staff Appreciation	<input type="checkbox"/>
Communications	<input type="checkbox"/>

# of adult members	<input type="checkbox"/>	x \$5.00	<input type="checkbox"/>
# of student members	<input type="checkbox"/>	x \$5.00	<input type="checkbox"/>
	Donation to Greenville MS/HS PTSA		<input type="checkbox"/>
	TOTAL		<input type="checkbox"/>

PLEASE RETURN FORM TO MAIN OFFICE

For PTSA Use Only:

Date: _____ Cash: _____ Check # _____