**Salina Intermediate PTSA Membership Form for 2016-2017**

**Welcome back Staff, Students, and Parents! We encourage everyone to join Salina’s PTA. If you are interested in becoming a PTA member this year, the membership fee is $10.00 per family for this school year. Please return the slip to Mrs. Ali or the PTA mailbox.**

**Thank you for your support!**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent\Staff**

**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade\_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_**

**Please check all that may apply.**

 **I would like to pay $10.00 and become a member of the PTA.**

 **I would like only to donate $10.00 to the PTA.**

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