OL SMITH MIDDLE SCHOOL PTSA MEMBERSHIP FORM

2015-2016

**NAME:**

**STUDENT(S) NAME AND GRADE :**

**ADDRESS:**

**PHONES:**

**EMAIL:**

TYPE OF MEMBERSHIP: INDIVIDUAL $7 FAMILY $12

(PLEASE CIRCLE)

I AM INTERESTED IN VOLUNTEERING FOR:

(CIRCLE ALL THAT APPLY)

TEACHER APPRECIATION COMMITTEE

DANCE COMMITTEE

FUNDRAISING

FAMILY FUN ACTIVITES

BLOG/NEWSLETTER

MEMBERSHIP

BAKE SALES

CRAFT SHOW

PICTURE DAY

FIELD DAY

**COMMENTS/SUGGESTIONS:**