

# O.L. SMITH PTSA MEMBERSHIP FORM

## 2019-2020 SCHOOL YEAR



Thank you for joining the O.L. Smith PTSA and becoming a member of a growing community filled with dedicated parents, teachers, and staff! Your dues will help to support events, field trips, school supplies and much more!

Memberships are \$10 per Family, Teacher and Staff

*Please make checks payable to: OL Smith PTSA*

Please check one: ☐ Family ☐ Parent ☐ Teacher ☐ Staff ☐ Other

Member Names (s):

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Email address:

\_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Student

Name(s)/Grade: \_\_\_\_\_

*For PTSA Use Only:*

Date Recvd: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_