##### **Parent Teacher Student Association Membership**

##### **& Direct Donation Contribution Form 2019-20**

##

Primary Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Members E-mail

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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PTSA Primary Membership ($30.00 for primary member) $ \_\_\_\_\_\_\_\_

Secondary memberships($10 for secondary member) $ \_\_\_\_\_\_\_\_

Student memberships ($10 per student) $ \_\_\_\_\_\_\_\_

Direct Donation Contribution ($75 suggested, any amount appreciated) $ \_\_\_\_\_\_\_\_

Additional hard copy of the directory ($5.00 each) $ \_\_\_\_\_\_\_\_

 **Total: $\_\_\_\_\_\_\_\_**

Form of payment: □ Cash □ Check # \_\_\_\_\_\_\_ (payable to Tilden Middle School PTSA)

(Please include your payment with this form)

**Return this form to:** Tilden PTSA, 11211 Old Georgetown Road, Rockville, MD 20852

If you have financial hardship please contact Rika Darby, Membership Chair, at nineoaksbeefarm@yahoo.com

PTSA use only below

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Date form received: \_\_\_\_\_\_\_\_\_\_ Form received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_