

Community Middle School PTSA Membership Form

Just \$7.00 per person for the 2016/2017 school year!

*****PLEASE PRINT CLEARLY TO AVOID ERRORS*****

Member's First and Last Name	Email Address	Phone Number	Indicate mother, father, student, teacher	Interested in Volunteering
				Y / N
				Y / N
				Y / N
				Y / N

Member's Address: Street: _____ Town: _____ NJ _____ (zip Code)

Student Name _____ **Grade and Team** _____ **Homeroom Teacher** _____

Payment – Please send this form along with cash or a check made out to “**CMS PTSA**”. Mail to 95 Grovers Mill Road, Plainsboro, NJ 08536 or Return with your student to the PTSA mail box in the Main Office in the provided envelope.

Circle one: Check or Cash Please provide check number _____.

PTSA Dues @ \$7.00 per person: \$ _____

Optional Donation to High School North Scholarship Fund \$ _____

JWAC Contribution to support teacher/student activities and programs \$ _____

Total Amount – Payable to CMS PTSA \$ _____

Please read our weekly emails and check out our PTSA website WWW.CMSPTSA.ORG and like us on [FACEBOOK](https://www.facebook.com/CMSPTSA)

YOUR MEMBERSHIP CARD WILL BE DELIVERED VIA EMAIL