



2018–2019 Membership Form

Join ONLINE at: <https://acsd-ptsa.memberhub.store/>

Amherst Middle/High School PTSA – Please show your support by becoming a member today!

We are committed to making every child's potential a reality by engaging and empowering families and communities to advocate for all children. You can help us reach our goal in this community by becoming a member. Please fill out the form below and return to us with your membership dues. Your dues go toward funding our local programs and advocacy efforts, as well as the advocacy work that our State and National PTA carries out on behalf of *all* children.

>>> Please include \$10 per member with this form <<<

Mailing Address		
Street		
City	State	Zip code
Are you Faculty/Staff in ACSD? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Member #1 Information		
Name	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Email (required to send eCard)
Phone # (give mobile for Text message) ()	Availability: <input type="checkbox"/> During School <input type="checkbox"/> After School	Favorite contact method: <input type="checkbox"/> Text (mobile) <input type="checkbox"/> Email <input type="checkbox"/> Phone call

Member #2 Information		
Name	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Email (required to send eCard)
Phone # (give mobile for Text message) ()	Availability: <input type="checkbox"/> During School <input type="checkbox"/> After School	Favorite contact method: <input type="checkbox"/> Text (mobile) <input type="checkbox"/> Email <input type="checkbox"/> Phone call

Member #3 Information		
Name	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Email (required to send eCard)
Phone # (give mobile for Text message) ()	Availability: <input type="checkbox"/> During School <input type="checkbox"/> After School	Favorite contact method: <input type="checkbox"/> Text (mobile) <input type="checkbox"/> Email <input type="checkbox"/> Phone call

Member #4 Information		
Name	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Email (required to send eCard)
Phone # (give mobile for Text message) ()	Availability: <input type="checkbox"/> During School <input type="checkbox"/> After School	Favorite contact method: <input type="checkbox"/> Text (mobile) <input type="checkbox"/> Email <input type="checkbox"/> Phone call

Student Information		
Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom

How would you like to be involved?
<p>_____ Events such as Teacher Appreciation, Moving Up Day, Craft Show, Meat Raffle, Honor Roll Breakfast, Show Us Your Stripes</p> <p>More likely to be able to: _____ Provide food _____ Be there to help</p> <p>_____ Fundraising</p> <p>_____ Membership (Represent us at Parent Nights, Concerts, Sporting Events)</p>