

HOLTVILLE MIDDLE SCHOOL PTSO

MEMBERSHIP REGISTRATION FORM

Membership dues are \$10.00 per family per school year. Please complete only one form per family for student or students enrolled in Holtville Middle School. Attach payment (Make checks payable to Holtville Middle PTSO) and return this form to the school. Thank you for your support.

PTSO IS FOR PARENTS, TEACHERS, AND STUDENTS.

Name of parent or guardian: _____

Address: _____

Telephone number _____ () Please keep this number confidential.

Email _____

Are you? Parent Teacher

If you would like to make an additional donation, please enter the amount. \$ _____

Please list below each child in your family that attends Holtville Middle School.

Student's name	Grade	Homeroom teacher
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How can you help?

I can serve as a PTSO officer. I am interested in _____ position.

I can serve on the fund raising committee.

I have a new fund raising suggestion. _____

I can serve on a membership drive committee.

I would be willing to call other PTSO members to inform them of upcoming events.

I can help with the teacher appreciation luncheon.

Signature: _____ Date: _____

PTSO use only: Date received: _____ Amount: _____ Cash Check # _____