

# Timberline PTSA<sup>®</sup>

## JOIN TIMBERLINE MIDDLE PTSA

The Timberline Middle PTSA's mission is to enrich the learning environment for our students and create a welcoming atmosphere for all our community. We hope that you will support the Timberline Middle PTSA to accomplish these goals and become members of the PTSA to make sure that your voice is heard! We thank you in advance for your support; we couldn't do it without your involvement.

1 <sup>st</sup> MEMBER						
Dr. Mrs. Mr. Ms.	First:	MI:	Last:			
Phone:		Email:				
Current Address:						
City:		State:	Zip:			
<b>INTERESTED IN VOLUNTEERING?</b> Please circle:    Yes, anywhere!    Yes, specific program _____						
2 <sup>nd</sup> MEMBER						
Dr. Mrs. Mr. Ms.	First:	MI:	Last:			
Phone:		Email:				
Current Address: <i>(leave blank if same as above)</i>						
City:		State:	Zip:			
<b>INTERESTED IN VOLUNTEERING?</b> Please circle:    Yes, anywhere!    Yes, specific program _____						
STUDENT INFORMATION						
1 <sup>st</sup> Student	First:	Last:		Grade:		
2 <sup>nd</sup> Student	First:	Last:		Grade:		
3 <sup>rd</sup> Student	First:	Last:		Grade:		
PAYMENT INFORMATION						
Family Membership	Names:		\$30	x	\$	
Individual Membership	Name:		\$20	x	\$	
Teacher/Staff/Student Membership	Name:		\$12	x	\$	
PTSA "Pass the Hat" Donation	<i>Suggested Donation is \$100 per student</i>		\$100	x	\$	
Emergency Preparation Donation	<i>Suggested Donation is \$5 per family</i>		\$5	x	\$	
Staff Appreciation Donation	<i>Suggested donation is \$20 per family</i>		\$20	x	\$	
Cash or Check Only, Checks made payable to Timberline Middle PTSA					TOTAL:	\$
MATCH YOUR DONATION!						
<b>DOES YOUR COMPANY MATCH DONATIONS/VOLUNTEERS HOURS?</b> Company Name: _____						
Date Received:		Received By:		Entry:		

**Thank you for your support!**