

**Dr. George F. Mack Middle School PTSA
Membership Form
Charter Date: 10/16/2013**

Up to 4 family members on this form:

Name: _____ Adult / Student Member# _____

Name: _____ Adult / Student Member# _____

Name: _____ Adult / Student Member# _____

Name: _____ Adult / Student Member# _____

Address _____

Phone # _____ E-mail _____

Please list children that attend this school if not member above:

Child's Name _____ Grade _____ Teacher _____

Child's Name _____ Grade _____ Teacher _____

Child's Name _____ Grade _____ Teacher _____

Are you interested in joining a PTA committee? Yes _____ No _____

Date: 10/16/2013 Cash / Check Total Members _____ x \$5 = Total Amount: _____

Dr. George F. Mack Middle School PTSA Charter MEMBERSHIP RECEIPT

Date: 10/16/2013 Cash / Check

Total Members _____ x \$5 = Total Amount: _____

Check# _____

Received by: _____