

SCULLEN MIDDLE SCHOOL PTSA

2015-2016 Staff Membership Form

Staff Member Name _____

2015-2016 Membership..... \$ 10

Membership includes a free student directory app, plus local, state, and national PTA dues.

Donation..... \$ _____

Your tax deductible donation supports this year's Teacher Scholarships and other academic & social programs, and it helps the Scullen PTSA eliminate the burden of fundraising.

Total Amount Enclosed..... \$ _____

If paying by check, please make payable to Scullen PTSA.

Yes! I have an idea, suggestion, question, or request, and/or I would like to present information at a meeting.

PTSA USE ONLY

Cash Amount: _____ Check Number/Date/Amount: _____