

2017–2018 Membership Form

Please show your support of Cheektowaga Middle School PTA 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 fill out the form below and return with dues payment or register online at www.nyspta.force.com. \$5.00 individual membership and \$9.00 for family or Business Membership.

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Mailing Address							
Street							
City	State				Zip code		
Member #1 Information							
Name	Membership Type		Er	Email (required to send eCard)			
	□Ad	andard □ Studen dditional Family					
Mobile # for Text message	Interested in Volunteering			Demographic Information for Awards ☐ Male ☐ Teacher/Staff ☐ Community Member			
()	☐ Yes ☐ No			□ Male	☐ Teacher/S	Staff	☐ Community Member
Member #2 Information						0 "	
Name		bership Type		Email (required to send eCard)			
		andard □ Studen dditional Family	t				
Mobile # for Text messages	Intere	ested in Volunteering		• .	nic Information		
()	□Y€	es 🗆 No		□ Male	☐ Teacher/S	Staff	☐ Community Member
Member #3 Information							
Name		bership Type		nail (requ	uired to send e	Card)	
	□Ad	andard Studer dditional Family					
Mobile # for Text messages		ested in Volunteering			nic Information		
	∐ Y€	es 🗆 No		□ Male	☐ Teacher/S	staff	☐ Community Member
Member #4 Information Name	Mom	horobin Typo	E	noil (rogu	uired to send e	Cord	
Name	Membership Type ☐ Standard ☐ Student ☐ Additional Family			nan (requ	inea to seria e	:Caru)	
Mobile # for Text messages	Interested in Volunteering			Demographic Information for Awards			
()	☐ Yes ☐ No			□ Male	☐ Teacher/S	Staff	☐ Community Member
Student Information							
Student Name		Grade		Teache	er/Homeroom		
Student Name		Grade		Teache	er/Homeroom		
Student Name		Grade		Teache	er/Homeroom		
Please let us know if you'd like more information on any of our pro-			b				
Please let us know if you d like more information on any of our pro-	grams,	would like to volunted	er, or na	ive any st	iggestions or c	uestio	ons.
5 PT.U. 0.1							
For PTA Use Only \$5 for single or \$9 family rate \$							
	out to	CCMS PTA) Date:	·				

Date:

Entered in NYS PTA Online Membership System