



The PTSA of DANA MIDDLE SCHOOL

We thank you for your 2016-17 Membership.

Please print clearly and complete all of the lines below.

Persons who wish to join:

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

Your students in this school:

Name	Student ID#	Grade

Dues for each person are \$7.00 x \_\_\_\_\_ members or \$21 for family membership.

Total amount enclosed: \$ \_\_\_\_\_ *Make checks payable to Dana PTSA.*

**PLEASE TURN IN FORM AND PAYMENT TO DANA SCHOOL OFFICE. THANK YOU!**