

CHEROKEE MIDDLE SCHOOL PTSA MEMBERSHIP

Thank you for your interest in joining PTSA! Please fill out the form below and return it to school along with your payment. Checks are payable to CMS.

INDIVIDUAL

First Name _____ Last Name _____

Membership for (circle one) Parent Student Teacher

Address _____ Springfield, MO zip _____

Phone Number (Home) _____ (work) _____
(Cell) _____

Additional Members:

First Name _____ Last Name _____

Parent Student Teacher

Address (if different than above) _____

First Name _____ Last Name _____

Parent Student Teacher

Address (if different than above) _____

TOTAL MEMBERSHIPS ____ **\$5 EA.** **TOTAL DUE** _____

BUSINESS MEMBERSHIP

Business Name _____

Your Name _____

Business Address _____

Business Phone Number _____

Do you have a student currently attending Cherokee? Yes _____ No _____

TOTAL MEMBERSHIPS ____ **\$20 EA.** **TOTAL DUE** _____

Please attach your business card that we can scan for the advertisement. If you do not have one available, we will use the data above to create one for you.