

# 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 PTSA.

## 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.