

**Abita Springs Middle School PTA**

**Abita Springs Middle School**



*everychild.onevoice.®*

***Membership Enrollment***

Primary Role: Parent/Guardian Grandparent Teacher/Staff Other

\_\_\_\_\_

Name Mr. Ms. Mrs. : \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_

Student(s):

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**PAYMENT INFORMATION** (dues include membership in National and your state PTA)

\_\_\_\_\_ INDIVIDUALS @ \$5= \$ \_\_\_\_\_

\_\_\_\_\_ CORPORATE @ \$25.00= \$ \_\_\_\_\_

I would like to make an

Additional donation of \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Please make checks payable to ASMS PTA

*Thank you for your support!*