



# LEESVILLE ROAD MIDDLE SCHOOL 2018-2019 PTSA MEMBERSHIP

*We are excited for you join our Parent/Teacher/Student Association!*

With your generous support, we will be able to fund a variety of projects here at LRMS, which will benefit your student and the staff at our awesome school. Membership funds help support some of our annual programs and support including

School Improvements and Classroom Technology • Staff Appreciation- Celebrations, Monthly Treats, Lunches and more • Student Recognition- Quarterly Honor Roll and Character Education • Various Student Social Events- Fall Dance, 6<sup>th</sup> Grade Social, 8<sup>th</sup> Grade Social, Field Day • and so much more!

Additionally, with your PTSA membership, you can access special discounts from select merchants using your special code and password on the back of your membership card. Your membership card is provided after we receive your membership dues. Most importantly, your membership allows you the privilege to vote at all PTSA meetings on important issues affecting your student and school. Membership is valid for the current school year and includes state and national dues.

**Preferred PTSA Membership Sign up and Payment Method is through MemberHub.** Visit the website below to quickly join and pay for your PTSA membership (if using website, do not turn in paper form below):

## lrmsptsa.memberhub.store

**\*\*PLEASE FULLY COMPLETE THE INFORMATION BELOW FOR YOUR 2018-2019 PTSA MEMBERSHIP\*\***

Please have your child return this form with payment to their homeroom teacher

### 1<sup>st</sup> Member Information (PLEASE PRINT CLEARLY)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Please check one:  Parent  Student  Staff

### 2<sup>nd</sup> Member Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Please check one:  Parent  Student  Staff

### 3<sup>rd</sup> Member Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Please check one:  Parent  Student  Staff

### 4<sup>th</sup> Member Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Please check one:  Parent  Student  Staff

Homeroom Teacher (if student): \_\_\_\_\_

#### **PTSA Admin Only:**

Check #: \_\_\_\_\_

Cash (Y/N): \_\_\_\_\_

Entered in MH (Y/N): \_\_\_\_\_

Please make checks payable to LRMS PTSA. A \$15 NSF fee will be applied to returned checks.

#### **Membership Fees and Donations:**

Number of Parent Memberships \_\_\_\_\_ X \$11= \$ \_\_\_\_\_

Number of Student Memberships \_\_\_\_\_ X \$6 = \$ \_\_\_\_\_

Number of Staff Memberships \_\_\_\_\_ X \$5 = \$ \_\_\_\_\_

Additional Tax Deductible Donation (optional): \$ \_\_\_\_\_

Total (Membership + Donation) = \$ \_\_\_\_\_