

# 2016-2017

## Membership Form



**RCSD School #53 Montessori Academy – Please show your support by becoming a member today!**

We are committed to making every child's potential a reality by engaging and empowering families and communities to advocate for all children. You can help us reach our goal in this community by becoming a member. Please fill out the form below and return to us with your membership dues. Your dues go toward funding our local programs and advocacy efforts, as well as the advocacy work that our State and National PTA carries out on behalf of *all* children.

**Mailing Address**

Street		
City	State	Zip code

**Member #1 Information**

Name	Membership Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Additional Family	Email (required to send eCard)
Mobile # for Text message (   )	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographic Information for Awards: <i>(check all that apply)</i> <input type="checkbox"/> New Member <input type="checkbox"/> Returning Member <input type="checkbox"/> Veteran <input type="checkbox"/> Male <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member

**Member #2 Information**

Name	Membership Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Additional Family	Email (required to send eCard)
Mobile # for Text messages (   )	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographic Information for Awards: <i>(check all that apply)</i> <input type="checkbox"/> New Member <input type="checkbox"/> Returning Member <input type="checkbox"/> Veteran <input type="checkbox"/> Male <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member

**Member #3 Information**

Name	Membership Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Additional Family	Email (required to send eCard)
Mobile # for Text messages (   )	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographic Information for Awards: <i>(check all that apply)</i> <input type="checkbox"/> New Member <input type="checkbox"/> Returning Member <input type="checkbox"/> Veteran <input type="checkbox"/> Male <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member

**Student Information**

Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom
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Please let us know if you'd like more information on any of our programs, would like to volunteer, or have any suggestions or questions.

**For PTA Use Only**

# of Members	X \$	=	Total Due	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check #	Date: _____
Entered in NYS PTA Online Membership System   Date: _____					