



Van Alstyne Middle School PTA

Member Information	Member 1	Member 2
Name of Person Joining PTA		
Relationship to Child		
Address		
Phone Number		
Email Address		

Child's Name	
<p><input type="checkbox"/> YES, VAMS PTA has my permission to release student(s) information for the VAMS PTA family directory.</p> <p><input type="checkbox"/> NO, Do not release student(s) information for the VAMS family directory.</p>	
_____ Signature	_____ Date

Membership	Amount
_____ member(s) x \$7.00 per member	\$
General VAMS PTA Donation: (optional)	\$
Total Enclosed Make Payable to VAMS PTA	\$

Paid by _____ Cash _____ Check#