



Creekside Middle School PTSA Membership Form

Please make checks payable to **Creekside PTSA** or

Cash App, **\$CreeksidePTSA**.

Membership cost: **\$6.00 per person** for the 2022-23 school year

Parent: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Email(s): _____

Best Contact Number(s): _____

Please check all that apply:

_____ Parent/Guardian _____ Community Member _____ Business Partner

_____ Creekside Student _____ Teacher _____ School Administrator _____ Staff

_____ I would like to GIFT a PTSA MEMBERSHIP to a Creekside teacher (Add \$6 — You can specify a teacher or we can identify one for you.) _____

Please check any PTSA activity you would be interested in assisting the team.

We appreciate your participation!

_____ School Store _____ Teacher Appreciation Week

_____ Online Auction _____ School Events _____ Fundraiser(s)



****All volunteers on campus MUST have a current, approved Volunteer application on file.****

PTSA use only: Amount paid: \$ _____ # Memberships _____ Initials _____

_____ Cash/CashApp _____ Square Check # _____