

GOLDENVIEW MIDDLE SCHOOL

PTSA MEMBERSHIP/MEMORY BOOK 2017-2018



Last Name: _____ First Name: _____ (M / F)

Second Member:

Last Name: _____ First Name: _____ (M / F)

Student (s) Name: _____ (7th / 8th)

Address: _____

City: _____ Zip Code: _____

Email: _____ Phone: _____

PTSA MEMBERSHIP

Stay informed, get notified of volunteer opportunities, announcement of upcoming events and latest school news. Involved parents make better schools and better students. **\$10 per adult and \$7 per student**

Please circle: **Parent** **Student** **Teacher** **Staff**

Please check: Please let me know about volunteer opportunities.

I would like email updates on school events.

I would not like to receive emails.

Memory Book

Full color, 88-96 pages with a custom-designed hard cover. Preorder before March 1st and save. Prepaid yearbooks will be distributed the last week of school. We sell out every year, so please hurry!

Number of books \$35 before March 1st _____ **Number of books \$40 after March 1st** _____

<u>For PTSA Use</u>		
Cash	Credit Card	Check # _____
Adult Membership _____ @\$10 _____		Student Membership _____ @\$7 _____
Memory Book _____ @\$35 _____		After March 1 st _____ @ \$40 _____
Donation: _____		Total Collected: _____
Verified: _____	Input: _____	Received: _____