

2018–2019

Membership Form

Massapequa Jr/Sr PTSA – 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.

There are two ways to join and show your support

You can join online at: <https://massjrsrptsa.memberhub.store/>

there is a small additional charge to join online

Students need to be members for 2 year to apply for Senior Awards

Or you can fill out the form and return it with your dues payment
 to the PTSA mailbox in the General Office
 or mail to Debra Fick 147 West Shore Drive, Massapequa NY 11758

Member #1 Information

Name	Membership Type <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student	Email (required to send eCard)
Mobile # for Text message ()	Building <input type="checkbox"/> Main Campus <input type="checkbox"/> Ames <input type="checkbox"/> Berner	Demographic Information for Awards <input type="checkbox"/> Male <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> District Employee <input type="checkbox"/> Female <input type="checkbox"/> Student Grade of student _____

Member #2 Information

Name	Building <input type="checkbox"/> Main Campus <input type="checkbox"/> Ames <input type="checkbox"/> Berner	Email (required to send eCard)
Mobile # for Text messages ()	Building <input type="checkbox"/> Main Campus <input type="checkbox"/> Ames <input type="checkbox"/> Berner	Demographic Information for Awards <input type="checkbox"/> Male <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> District Employee <input type="checkbox"/> Female <input type="checkbox"/> Student Grade of student _____

Member #3 Information

Name	Membership Type <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student	Email (required to send eCard)
Mobile # for Text messages ()	Building <input type="checkbox"/> Main Campus <input type="checkbox"/> Ames <input type="checkbox"/> Berner	Demographic Information for Awards <input type="checkbox"/> Male <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> District Employee <input type="checkbox"/> Female <input type="checkbox"/> Student Grade of student _____

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

_____ X \$10.00 + _____ X \$5.00 = _____ <small># of Adults # of Students Total Due</small>	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Date: _____
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