

2015-2016
SECOND STREET SCHOOL PARENT TEACHER STUDENT ASSOCIATION
Member Registration **\$3.60 per person**
Make checks payable to SSS PTSA

Name(s):	(1) (2) (3)	Kids name(s) with Grade(s) and Homeroom
Email Address(es):		
Address:		
Phone:		
Indicate all that apply:	_____ Parent/Grandparent/Guardian _____ Student (grades 6-8 only) _____ Teacher/School employee _____ Male _____ Renewal (member 2014-2015) (indicate members by listing number)	Why do you want to be part of a SSS PTSA?

- Round-up (optional)** – I would like to “round-up” my membership.
- I am donating an extra \$.40 for a payment of \$4.00 (per person)
 - I am donating an extra \$1.40 for a payment of \$5.00 (per person)
 - I am donating an extra _____

Interests (Circle all that apply)	Teacher appreciation	Classroom representative	Office volunteer	Academics	Community Outreach	Student Leadership
	Fundraising	Student clubs	School spirit	Communication	Leadership	Book-keeping
	Crafts or Creative Projects	Parent-Teacher Relationships	School Improvement Projects	Entertaining/ Cooking	Welcoming and Greeting	Taking notes/ minutes

For Internal Use:

_____ Amount Received

_____ Date Received