

# 2016-2017

## Membership Form

**Del Mar High 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 supporting our school's programs (e.g., Senior Scholarships, Family Fiesta, Grad Night) and advocacy efforts, as well as the advocacy work that our State and National PTA carries out on behalf of *all* children.

**Member(s) Household Information**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Member #1 Information**

Name \_\_\_\_\_ Email (required to send eCard) \_\_\_\_\_

Phone #1 ( ) ( ) Mobile # for Text messages ( ) ( )  
 Parent/Family  Student/Teacher  Student Grade Level \_\_\_\_\_

**Member #2 Information**

Name \_\_\_\_\_ Email (required to send eCard) \_\_\_\_\_

Phone #2 ( ) ( ) Mobile # for Text messages ( ) ( )  
 Parent/Family  Student/Teacher  Student Grade Level \_\_\_\_\_

**Member #3 Information**

Name \_\_\_\_\_ Email (required to send eCard) \_\_\_\_\_

Phone #3 ( ) ( ) Mobile # for Text messages ( ) ( )  
 Parent/Family  Student/Teacher  Student Grade Level \_\_\_\_\_

**Member #4 Information**

Name \_\_\_\_\_ Email (required to send eCard) \_\_\_\_\_

Phone #4 ( ) ( ) Mobile # for Text messages ( ) ( )  
 Parent/Family  Student/Teacher  Student Grade Level \_\_\_\_\_

Pay online at <http://delmarptsa.weebly.com/> using PAYPAL or make check payable to "Del Mar PTSA".

_____	X \$	<u>20</u>	=	_____
Total Number of Parent/Family				Total Parent/Family Membership Amount
_____	X \$	<u>10</u>	=	_____
Total Number of Student/Teacher				Total Student/Teacher Membership Amount
_____	+	_____	=	_____
Total Membership Amount		Optional Additional Tax Deductible Donation		TOTAL Tax Deductible Donation (Tax ID #94-6171708)

\* If paid online via PayPal, please attach a copy of payment.  
 \*\* Corporate Matching is welcomed and appreciated.

If you would like more information about our programs, would like to volunteer, or have any suggestions or questions, please send email to [donspta@yahoo.com](mailto:donspta@yahoo.com).

- Please DO NOT share my information in the PTSA directory.
- Please DO NOT share my information with other Parent Groups on campus.

**For PTSA Use Only**

Amount Received: \_\_\_\_\_ Payment Method:  Cash  PayPal  Check # \_\_\_\_\_ Date: \_\_\_\_\_

Membership Card Emailed to Members Date: \_\_\_\_\_