

NDMS PTSO MEMBERSHIP FORM

PLEASE PRINT CLEARLY

Parent's Name(s): _____

Address: _____

Phone Number: _____ Email Address: _____

Student First name	Last name	Grade	Teacher

___ **YES!** --*Please include our contact information in the school directory*

___ *No thanks*

MEMBERSHIP PRIZES:

___ Single: \$3.00

Every student that has 1 person sign up for membership under their name will get a **HOMEWORK PASS**

Note: there may be some exception so please check with his/her teacher

- Make checks payable to : NDMS PTSO
- Please put payment with this completed form in an envelope marked PTSO MEMBERSHIP and return to your student's homeroom teacher. **No later than Friday, September 30th** (deadline for directory listing).