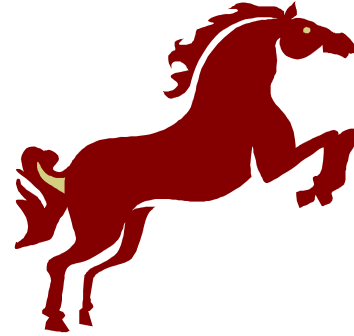


Join MVMS PTSA!



Montgomery Village Middle School PTSA Membership

Parent/Guardian Name _____ (\$7)

Parent/Guardian Name _____ (\$6)*

Student Name _____ (\$5)*

Grade _____ 1st Period Teacher _____

Student Name _____ (\$4)*

Grade _____ 1st Period Teacher _____

Student Name _____ (\$4)*

Grade _____ 1st Period Teacher _____

Staff Member Name _____ (\$5)

Donation (optional): \$ _____

Total: \$ _____

_____ Cash

_____ Check (payable to MVMS PTSA)

Address: _____

Phone:

Daytime _____ Evening _____ Cell _____

Email: _____

~Would you like to be added to the PTSA email listserve? Yes () No ()

_____ I/we are interested in volunteering for PTSA activities. Please let me/us know how we can help.

PTSA meeting are held on the second Tuesday of each month (starting in October) at 7:00 in the Media Center.

RETURN THIS FORM (WITH PAYMENT) TO THE PTSA MAILBOX IN THE SCHOOL OFFICE or MAIL TO: PTSA, Montgomery Village MS, 19300 MONTGOMERY VILLAGE AVENUE, MONTGOMERY VILLAGE, MD 20886.