



Carnage GT/AG Magnet Middle School PTSA Membership Form

Support your PTSA!

We encourage 1 membership per family so that we can communicate PTSA information via the email provided.

Please print clearly to ensure we can enter email correctly.

Thank you!

Contact Profile		
Adult Name	Email	Phone Number
Student Name	Grade	Homeroom Teacher

PTSA Annual Membership	<u>Amount Due</u>
<i>Indicate the number and type(s) of membership(s)</i>	Total Annual Memberships _____
___ Carnage Middle School Staff	X \$7.00
___ Adult(s)	TOTAL AMOUNT DUE \$ _____
___ Student(s)	
___ Total # of Annual Memberships	

Please make checks payable to Carnage PTSA

For PTSA use only

Cash Total	Check #	Check Amount	PTA Initials