

CMS PTA Membership

- ☐ Parent
- ☐ Grandparent
- ☐ Staff

Name: First:		Last:	
Name: First		Last:	
Email:		# memberships x \$8= _____	
Address: Street:		Additional Cougar Donation=_____	
City:	State:	Zip:	Total=_____
Phone:			
Student Name:	Grade:	<input type="checkbox"/> 6th	<input type="checkbox"/> 7th <input type="checkbox"/> 8th
Student Name:	Grade:	<input type="checkbox"/> 6th	<input type="checkbox"/> 7th <input type="checkbox"/> 8th

For PTA Treasurer:

☐ Cash

☐ Check # _____

For PTA Secretary:

☐ Entered into Memberhub

☐ Entered into MM