

2017-2018 Membership Form



Valley Stream South H.S. 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. Contact our VSS PTSA Membership Chair: Lilyan Laxton, [Email:Cowboymom1022@Aol.com](mailto:Cowboymom1022@Aol.com). *Please make checks payable to VSS PTSA.*

Member(s) Household Information		
Address		
City	State	Zip

Member #1 Information		
Name	<input type="checkbox"/> Parent/Adult \$10.00 dues circle grade: <input type="checkbox"/> Student \$5.00 dues 7 8 9 10 11 12 <input type="checkbox"/> Faculty \$10.00 dues	
Email (required to send eCard)		
Phone #1 ()	Mobile # for Text messages ()	Demographic Info (for awards) <input type="checkbox"/> Male <input type="checkbox"/> Community Member

Member #2 Information		
Name	<input type="checkbox"/> Parent/Adult \$10.00 dues circle grade: <input type="checkbox"/> Student \$5.00 dues 7 8 9 10 11 12 <input type="checkbox"/> Faculty \$10.00 dues	
Email (required to send eCard)		
Phone #1 ()	Mobile # for Text messages ()	Demographic Info (for awards) <input type="checkbox"/> Male <input type="checkbox"/> Community Member

Member #3 Information		
Name	<input type="checkbox"/> Parent/Adult \$10.00 dues circle grade: <input type="checkbox"/> Student \$5.00 dues 7 8 9 10 11 12 <input type="checkbox"/> Faculty \$10.00 dues	
Email (required to send eCard)		
Phone #1 ()	Mobile # for Text messages ()	Demographic Info (for awards) <input type="checkbox"/> Male <input type="checkbox"/> Community Member

Member #4 Information		
Name	<input type="checkbox"/> Parent/Adult \$10.00 dues circle grade: <input type="checkbox"/> Student \$5.00 dues 7 8 9 10 11 12 <input type="checkbox"/> Faculty \$10.00 dues	
Email (required to send eCard)		
Phone #1 ()	Mobile # for Text messages ()	Demographic Info (for awards) <input type="checkbox"/> Male <input type="checkbox"/> Community Member

_____ YES, I would also like to make a financial donation to support our children and the goals and programs of V.S. South High School PTSA, a 501(c)3 non-profit organization.
 Donation Amount: \$5 _____ \$10 _____ \$20 _____ \$50 _____ \$100 _____ Specify: \$ _____ *Employer matching donations also welcomed.*

THANK YOU! Please let us know if you'd like more information on any of our programs, would like to volunteer, or have any suggestions or questions.

For PTA Use Only

Number of Members _____	\$ _____	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Date: _____	Batch # _____
Total Received _____		Date Entered in NYS PTA Online Membership System: _____		
		Received by: _____		