



Doctors Charter School PTSA Membership Form 2008-09

Member 1 Name: _____

Check one: Parent \$10 Teacher/Staff \$5 Student \$5 Friend/Relative/Other \$10

Member 2 Name: _____

Check one: Parent \$10 Teacher/Staff \$5 Student \$5 Friend/Relative/Other \$10

Member 3 Name: _____

Check one: Parent \$10 Teacher/Staff \$5 Student \$5 Friend/Relative/Other \$10

Member 4 Name: _____

Check one: Parent \$10 Teacher/Staff \$5 Student \$5 Friend/Relative/Other \$10

Street Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email :** _____

Please list child(ren) attending Doctors Charter School:

Student's Name	Grade Level	Homeroom Teacher or Room No.

Please return this completed membership form along with your payment to your student's homeroom teacher or the PTSA box in the school office. (Make checks payable to DCS PTSA.)

Dues: _____ # of members @ \$10.00 per member or @ \$5.00 per student/faculty/staff

Total: \$ _____

I would also like to make a tax deductible donation to the DCS PTSA. My tax deductible donation of \$ _____ is enclosed.

If you have any questions, contact the PTSA President
or you may email any of the officers at our website at www.dcsptsa.org.
DCS website is www.doctorscharterschool.org

FOR PTSA USE ONLY:

CASH: \$ _____ **CHECK NO. & AMT:** _____ **DATE:** _____ **ENTERED:** _____ **FILE DATE:** _____

of CARD(S) ISSUED: _____