

**Youth Middle School
2014-2015
Parent – Teacher Organization**

MEMBERSHIP FORM

Please join us in supporting our children by filling out this form and returning it to your child's teacher along with \$5.00 (make checks payable to YMS PTO).
All membership fees received will help fund the programs that Youth's PTO will support throughout the year.

THANK YOU FOR YOUR SUPPORT

Name of Member _____ **Work/Cell Phone** _____

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If you would like receive PTO event updates please provide email address _____

Home Phone _____ **best time to call** _____

Child's Name (First and Last)	Grade	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments _____

PTO USE ONLY: Cash or Check # _____ Amount Received _____ Date Received _____ PTO Initials _____