Name				 	
Phone #					
Email address (to re	eceive a receip	t)			
Please join the PTS	A listserv at htt	tps://bit.ly/2MN	NAqyg		
Your Eastern Middle	School Stude	nt's Name:			
(First)	(Last)			_ Grade	
If you have an additiona	l child at Eastern	Middle School:			
(First)	(Last)			_ Grade	
1-Year Membershi Additional Donatio	p Dues: \$10	25\$50	\$100		
				sed: \$	
Please make check pay4schoolstuff.co	• •	MS-PTSA or	make your	payment online	e at
******	******	*****	******	******	****
Would you like to be	come more inv	volved with the	e PTSA? Ye	es No (circle one	∋)
We would be happy	to contact you	to talk about	ways to get	involved!	
Please return this to Attn: Treasurer) or East, Silver Spring,	r Mail it to: Eas	tern Middle So	chool PTSA	, 300 University	Blvd.,
Office Use: Cash	Check #	# Cards Re	quested	Card Sent(Y,N)	