

AMS PTSA Membership Form

Please make checks payable to Athena Middle School PTSA.
Return this form with payment to your child's homeroom teacher. Thank You!

First Family Member Name (\$5.00): _____

Additional Family Member Names (\$4.00 ea.): _____

Address: _____

E-mail address: _____ Phone: _____

Student(s) Name*: _____ Homeroom Teacher(s): _____

Amount Encl.: _____ Homeroom Number(s): _____

*Please list all students attending Athena Middle School from your family.