



STEM PTSA Membership Registration

Name 1: _____

Street address: _____ City/ZIP: _____

Phone: _____ Email address: _____

Name 2: _____

Street address: _____ City/ZIP: _____

Phone: _____ Email address: _____

Student Name(s): _____

Please make your payment to "STEM PTSA":

PTSA Charter Membership Dues :

\$10.00 (one adult) membership

I wish to support STEM PTSA by donating \$ _____ **TOTAL:** _____

THANK YOU FOR JOINING STEM PTSA!
EVERY MEMBER MATTERS.