



*Please complete one form per family*

**Member #1 Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Circle one (parent/teacher/student) (required)

**Member #2 Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Circle one (parent/teacher/student) (email #2 or phone required)

**Number of PTSA memberships:** \_\_\_\_\_ x \$5.00 = \$ \_\_\_\_\_

**Additional Donation:** \$ \_\_\_\_\_

**TOTAL: Check #** \_\_\_\_\_ **(payable to DSA PTSA) or cash =** \$ \_\_\_\_\_

*You may send form & payment to main office. Thank you for your support.*

**Memberships may also be paid for online at: [www.dsapta.com](http://www.dsapta.com)**