

The Maryland School for the Blind

P arent T eacher S taff O rganization

2011-2012 MEMBERSHIP FORM

Please complete this form and send it with membership dues to:

PTSO: Attention Valerie Johnson, Secretary. Thank you!

NAME: _____

_____ I/We choose to become a PTSO member for the current school year and have enclosed **membership dues of \$5.00 per person.** (Make checks payable to MSB-PTSO)

_____ Parent/guardian _____ MSB Staff

ADDRESS: _____

PHONE#: _____

E-MAIL: _____

I would prefer to receive meeting minutes/agenda via e-mail: ___ YES ___ NO

STUDENT'S NAME: _____

(If applicable)

I would like to help the PTSO in the following way(s):

_____ Representing Parents on the **Executive Board** (**elected position**)

_____ **Parent Visitation Day Committee**

_____ **Fund Raising Committee**

_____ **Education & Information Committee**

_____ **Legislative/Advocacy Committee**

OTHER: _____