

The Maryland School for the Blind

Parent **T**eacher **S**taff **O**rganization

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)**

___ I am a **parent/guardian** ___ I am **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: _____