



MEMBERSHIP FORM

*Please make checks payable to River Springs PTSA
Membership cost: \$5.00 per person for the year*

Name: _____

Email: _____ Phone: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Please check all that apply:

- Parent/Guardian Member/Business partner Community
 Student Teacher

If you would like to mail it please send to:

River Springs Middle PTSA
900 West Ohio Avenue
Orange City, FL 32763
(386) 968-0011

PTSA use only: Amount paid \$ _____ Cash or Check [Check # _____]