



Legacy PTSA Membership 2010 - 2011

Let's Build it to Last... for Generations!

I would like for the following people to become MEMBERS: (Please print)

(Cost is \$10.00 per person)

Name: _____ parent/guardian ___ student ___ grade

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Name: _____ parent/guardian ___ student ___ grade

Address: _____ City/zip code: _____

Phone number: _____ Cell number: _____

Email address: _____

___ Yes, I would like to receive emails concerning PTSA activities

___ No, I would NOT like to receive emails concerning PTSA activities

Are you a life member of Texas PTA? ___yes ___ no

If so, from where did you receive your life membership? _____

Are you a Legacy student? ___yes ___ no

If so, when is your birthday? _____

If you are a Legacy parent/guardian, please provide:

Your student's name: _____

Your student's grade level: _____

I would like to VOLUNTEER: (Please indicate your area of interest below)

___ Reflection's contest

___ Clothes Closet

___ Dad's Club

___ Cookie Sales (Help bake and sell cookies between the hours of 7:00 am - 1:00 pm)

___ Wednesdays ___ Fridays

___ General volunteering (office area, report cards)

___ Hospitality

___ Provide snacks for TAKS days (February and April 2011)

___ ROTC reception (May 2011)

___ Senior Sunset (June 2011)

___ MISD staff development concessions (June 2011)

___ Freshman orientation (Spring 2011)

___ Programs

___ Rock 'N Road Trip 2011 (After Prom)

___ Staff Appreciation (luncheons)

Payment method:

Date received by PTSA: _____ Cash amount: _____ Check #/amount: _____