



*Pelham Memorial PTSA  
Annual Membership Form  
(July 1, 2019 – June 30, 2020)*

**Membership Dues: \$10.00 per family**

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

*Please complete the following:*

*Amount Paid* \_\_\_\_\_ *Cash* \_\_\_\_\_ *Check#* \_\_\_\_\_

**(Please make checks payable to: Pelham Memorial School PTSA)**

*Please return this form to PMS office or mail it to:  
Pelham Memorial PTSA  
59 Marsh Road  
Pelham, NH 03076*

***Thank you*** for supporting Pelham Memorial School PTSA!  
**TOGETHER WE CAN MAKE A DIFFERENCE!**