



Membership makes a difference!

**You are invited to become a member of the Portola Middle School PTSA
and together we can make a difference for our children!**

Persons who wish to join: *Personas que desean ser miembros:*

1. _____
 Name (last, first) *Nombre (apellido, nombre)*
 Parent *Padre* ___ Student *Estudiante* ___ Teacher *Maestro* ___ Staff *Personal* ___ Community *Comunidad* ___

 Address *Dirección*

 Phone *Telefono* _____ E-mail Address *Dirección de correo electrónico* _____

2. _____
 Name (last, first) *Nombre (apellido, nombre)*
 Parent *Padre* ___ Student *Estudiante* ___ Teacher *Maestro* ___ Staff *Personal* ___ Community *Comunidad* ___

 Address *Dirección*

 Phone *Telefono* _____ E-mail Address *Dirección de correo electrónico* _____

DUES: Adults \$8.00	Students \$5.00
CUOTA: Adultos \$8.00	Estudiantes \$5.00

**If you would like to make a tax deductible donation to the programs and services provided by the PTSA,
your contribution will be greatly appreciated and a receipt will be provided upon request.**

Donation: *Donación:* \$ _____

Amount enclosed: *Cantidad incluida:* \$ _____

Your students in this school: *Sus estudiantes en la escuela:*

Name <i>Nombre</i>	Teacher <i>Maestro</i>	Grade <i>Grado</i>	Room number <i># de salon</i>

**The Portola PTSA thanks you for your membership.
*La PTSA de Portola agradece su membresía.***

**As a member, I understand that my address will be shared with the California State PTA and the National PTA.
*Como miembro, comprendo que mi dirección se compartirá con la PTA de California y la PTA Nacional.***