



DOCTORS CHARTER SCHOOL PTSA MEMBERSHIP FORM

Member 1 Name: \_\_\_\_\_  
Circle one Parent \$10 Teacher/staff \$5 Student \$5 Friend/Relative/Other \$10

Member 2 Name: \_\_\_\_\_  
Circle one Parent \$10 Teacher/staff \$5 Student \$5 Friend/Relative/Other \$10

Member 3 Name: \_\_\_\_\_  
Circle one Parent \$10 Teacher/staff \$5 Student \$5 Friend/Relative/Other \$10

Member 4 Name: \_\_\_\_\_  
Circle one Parent \$10 Teacher/staff \$5 Student \$5 Friend/Relative/Other \$10

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
\_\_\_\_\_

Please return this completed membership form along with your payment to your student's homeroom teacher or the PTSA box in the school office. (Make checks payable to DCS PTSA)

Dues: \_\_\_\_\_ #of member @ \$10.00 per member or @\$5.00 per student/faculty/staff

Total: \$ \_\_\_\_\_

I would also like to make a tax dedctible donation to the DCSPTSA. My tax dedctible donation of \$ \_\_\_\_\_ is enclosed.

**I understand by becoming  
a DCS PTSA member authorizes  
The PTSA to add my phone numbers to the  
One Call Now Service used only by the  
DCS School/PTSA**

FOR PTSA USE ONLY:

CASH: \$ \_\_\_\_\_ CHECK # & AMT: \_\_\_\_\_ DATE: \_\_\_\_\_ ENTERED: \_\_\_\_\_ FILE DATE \_\_\_\_\_

# OF CARD(S) ISSUED: \_\_\_\_\_: