

Membership Level:			
Teacher/Staff \$6Family \$25Individual \$20 Member Type (Circle one): Parent/Guardian/Grandparent/Community/Teacher/Staff			
		1 st Adult Member	2 nd Adult Member
		Name:	Name:
		Email:	Email:
Phone:			
Please include your email in order to receive your payment: Pay by cash (enclosed) Pay by check: Check made out to Paypal to this QR code (please wrong membership)	BMMS PTA (enclosed) Check #		
Direct Donation Fundraising Level:			
Yes, In lieu of fundraising, please a amount of:	accept my donation in the		
\$75	nt <u>per student</u> in programs by PTA)		
\$100			
OTHER \$			

Submit this form to a PTA table or to the PTA mailbox at school by mail