



Chesapeake Math and IT Academy South PTO

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MISSION: *To positively impact the lives of all children and families by representing our members, empowering, and supporting them with skills in advocacy, leadership, and communications.*

FAMILY MEMBERSHIP APPLICATION FORM SY 2019-2020 | SY 2020-2021 | SY 2021-2022

DATE: _____

PARENT/GUARDIAN (1) FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOBILE: _____ EMAIL: _____

PARENT/GUARDIAN (2) FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOBILE: _____ EMAIL: _____

STUDENT (1) NAME: _____ GRADE/SECTION/UNIVERSITY: _____

STUDENT (2) NAME: _____ GRADE/SECTION/UNIVERSITY: _____

STUDENT (3) NAME: _____ GRADE/SECTION/UNIVERSITY: _____

I/WE ARE INTERESTED IN VOLUNTEERING TO SUPPORT:

<input type="checkbox"/> BOX TOPS	<input type="checkbox"/> FUNDRAISING	<input type="checkbox"/> CLEAN UP/GREEN UP	<input type="checkbox"/> HONOR ROLL ASSEMBLY	<input type="checkbox"/> PICTURE DAY
<input type="checkbox"/> TEACHER APPRECIATION WEEK	<input type="checkbox"/> CONCESSIONS	<input type="checkbox"/> ON CALL/CHAPERONES	<input type="checkbox"/> SIS EVENTS	<input type="checkbox"/> BOOK/CLOTHING DONATIONS

PTO ANNUAL DUES

PAYMENT TYPE

FAMILY DUES: \$15.00 _____

CASH

ADDITIONAL DONATION: \$ _____

CHECK

#()

TOTAL RECEIVED: \$ _____

CREDIT/DEBIT

Please note that Credit/Debit transactions will incur a \$1.00 surcharge

I do NOT want to be contacted about any volunteer activities

I am interested in a monetary donation in lieu of fundraiser participation

FOR PTO ADMIN USE ONLY: ENTERED/UPDATED IN PT-AVENUE OR PTO MANAGEMENT SYSTEM INITIALS _____