



BON LIN MIDDLE SCHOOL PTSA MEMBERSHIP FORM

Name _____

Parent Teacher Grandparent Staff Other

Name _____

Parent Teacher Grandparent Staff Other

First Student Name _____

Homeroom _____

Second Student Name _____

Homeroom _____

Address _____

City _____ ST _____ Zip _____

Home Number _____

Cell Phone _____

E-mail _____

Total Number of Memberships _____ @ \$5.00 per Membership =

_____ Total Enclosed

Checks may be made payable to BLMS PTSA