

2017-2018 PTSG Membership form



At the end of the day, the most overwhelming key to a child's success is the positive involvement of the parents." Jane D. Hull

www.freemansd.org/ptsg



www.facebook.com/freemanptsg

freemanptsg@hotmail.com

Parent Name(s) _____ ☐ I was a PTSG member last year

Home Address, City, State, Zip : _____

Email(s): _____

Best Phone #: _____ Text (Y/N) Alt. Phone # _____ Text (Y/N)

Student Name (for Freeman Directory)	Teacher	Grade

Please list additional students or parent contact information on the side.

YES! I wish to be a 2017-2018 PTSG Member.

☐ Family \$20.00 ☐ Staff \$20.00 ☐ Business \$50.00

* (Business Membership Includes Family Members, Directory Ad, & Newsletter promo)

☐ My family is NEW to the Freeman School District

☐ YES Please include my Contact Information in the *emailed PTSG Freeman Directory*

☐ NO, Please do not include my information in the *emailed PTSG Freeman Directory*

☐ Check box to opt **out** of Freeman PTSG email communications. (meetings, event reminders, volunteer opportunities)

All membership dues directly support Freeman students.

Please make checks payable to Freeman PTSG.

Membership forms may be completed and paid with PayPal online at Freemansd.org

PTSG Use Only: Date paid: _____ Check/Cash/PayPal: _____ Received By: _____ Directory: _____

Return to: Freeman PTSG, 14917 S. Jackson Road, Rockford, WA 99030 or any Freeman School Office

