



Carl Sandburg/DCS PTSA Membership Form

2009-2010

Please complete the following information and return to your child's teacher or the main office.

Parent Name(s) _____

E-mail Address _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Day Phone _____ Evening Phone _____

Address _____

City _____ Zip _____

Support your school. Enrich your child.

Membership Dues:

Individual - \$9.00 \$ _____

Couple - \$17.00 \$ _____

Total \$ _____

Make checks payable to: **Carl Sandburg PTSA**

If you have any questions, please contact our Membership Chair:

Yuko Bellwood (425) 820-6203 yuko@bellwoodfamily.net