



Crofton Middle School Family Membership Form SY 2020-2021

Please complete this form, and return it with your check to the CMS Main Office or mail it to: PTA @ Crofton Middle School, 2301 Davidsonville Rd., Gambrills, MD 21054

Family Member Information (* required)

Adult #1				
	Title	First*	Last*	Suffix
	Email Address*		Mobile Phone Number	

Adult #2				
	Title	First	Last	Suffix
	Email Address		Mobile Phone Number	

Student Information

Student First Name	Last Name	Grade

Membership Fee

\$15 for up to two (2) adults

Jump Start Donation (optional) - Please support the PTA with its year-long activities.

\$25
 \$50
 \$100
 Other: \$ _____

Payment Method

Check # _____

Please make check payable to "PTA at CMS"

Signature

Date