

**SUTTER MIDDLE SCHOOL PARENT TEACHER STUDENT ORGANIZATION
("SUTTER PTSO")**

Membership Form

<i>Yes, our family wants to join the Sutter Middle School PTSO!</i>			
Students Attending Sutter	6th Period Teacher and Room No.		Grade
Parent(s)/Guardian(s)			
Name		Name	
Address		Address	
City/Zip	Phone	City/Zip	Phone
Email		Email	
Enclosed are: <input type="checkbox"/> \$25 dues <input type="checkbox"/> Additional donation of \$_____ Total \$_____			
Please make check payable to "Sutter PTSO." Dues/donations are tax-deductible.			
This form and your check can be turned in at the office -- <i>Thank you for your support!</i>			