



2010/2011 Twin Falls Middle PTSA

Business Membership Form

"It Takes a Valley to Raise a Child"

_____ \$25 Business Membership _____ Additional Support \$_____

Please complete the information below and return to:
Twin Falls Middle School PTSA, P.O. Box 362, North Bend, WA 98045
Make Checks Payable to: TFMS PTSA

Business Name: _____ Date: _____

Primary Contact(s): _____

Business Website: _____

Business Address: _____

Phone Number (s): _____

Email (s): _____

- Yes, I would like to participate in PTSA & Student Promotions, i.e. discounted or free items for members.
Yes, please send me PTSA information, announcements and news flashes via email.
Yes, please contact me to provide a logo and brief description of our services to be included in the online PTSA Business Directory.
Yes, my Company has matching donations for PTSA Fundraisers — please contact me.

Office Use Only: Amount: _____ Cash/Check #: _____ Member #: _____