



MAST @ FIU

Biscayne Bay Campus

PARENT TEACHER STUDENT ASSOCIATION (PTSA)

Date: _____

PTSA Welcomes you as a member. Please complete the information below:

Parent/Guardian Student Teacher/Staff Other _____

Name Mr. Ms. Mrs. : _____

Address: _____

Telephone-Home: _____ Mobile: _____

Email: _____

Please add me to the PTSA email list for updates and news.

Student(s):

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Donation: _____

PAYMENT INFORMATION *(dues include membership in National PTSA and your state PTSA):*

Annual Membership Dues: \$10 Adults, \$5 Students, Faculty & Staff

Please make checks payable to: MAST@FIU PTSA

LOCAL OFFICE USE: Payment Method: Cash Check—check # _____ Date: _____