Parent/Teacher/Student Association Membership Type

Individual Membership (Student, Staff or Parent): $7.00

Total Memberships _________ @ $7.00 each

Total Membership $ _________

Receive a student directory with your PTSA membership, to be distributed via email this fall. Non-member cost is $10.00.

Student Member Name: ___________________________ Grade: _________

Student Member Name: ___________________________ Grade: _________

Parent/Staff Member Name: ________________________

Parent/Staff Member Name: ________________________

Email Address: ________________________________
(Michigan PTSA Membership cards will be emailed to this email address.)

Phone Number: ________________________________

Payment Method: ☐ Cash ☐ Check # _________ ☐ Credit Card (via Square)

****Checks made out to “Clifford Smart PTSA”****

After Smart Start, please return this form/money to school in an envelope marked “PTSA Membership” and have your child return it to the office.

Thank you for your support!