



Galway Parent Teacher Student Association (PTSA)

Membership Registration

Membership registration is now open for the 2022-2023 school year.

You may be asking yourself...*Why would I register for and pay to join the Galway PTSA?*

Great question! Your membership: is a donation to our PTSA, covers the membership fees to the National PTA and the NYS PTA—which help to govern our organization and offers discounts and special rates through the Marketplace, awards you voting rights for Galway PTSA business, allows you to handle money as a volunteer at events, ensures regular communication from us, and more.

Most importantly, your support allows us to fund the school-wide programs and events for Pre-K-12.

Membership is only \$6 per person, and registration is easy. You have 3 options:

- Register online by scanning the QR code →
- --or-- visit the web address: <https://galwayptsamembership.cheddarup.com>
- --or-- return this form to school



Aside from membership, it's your participation that truly makes a difference!

There are ways for everyone to participate. Check the boxes for things that interest you, and we'll reach-out accordingly. (Registration form is page 2.)

	Member 1	Member 2	Member 3	Member 4
After-Prom Party				
Bookfair				
Catalog Fundraising				
Dance Program				
District Appreciation Day				
Family Fun Nights				
Graduation				
Holiday Gift Shop				
Picnics				
Picture Day				
Spirit Wear				
Something I can do from home				
I'm not sure what, but I'm interested in helping.				

If you're interested in learning more about an event, what we do, or have any questions...come to a meeting, talk to any board member, or email us at galwayptsa@gmail.com

We're eager to find a volunteer option for you!



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Membership Registration Form (2022-2023)

Member #1		
Member Name:	Mobile Phone:	Texting OK?:
Email address:	Other Phone:	
Membership Type: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Student; Grade Level: _____ <input type="checkbox"/> Community Member		
Member #2		
Member Name:	Mobile Phone:	Texting OK?:
Email address:	Other Phone:	
Membership Type: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Student; Grade Level: _____ <input type="checkbox"/> Community Member		
Member #3		
Member Name:	Mobile Phone:	Texting OK?:
Email address:	Other Phone:	
Membership Type: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Student; Grade Level: _____ <input type="checkbox"/> Community Member		
Member #4		
Member Name:	Mobile Phone:	Texting OK?:
Email address:	Other Phone:	
Membership Type: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Student; Grade Level: _____ <input type="checkbox"/> Community Member		

Please select volunteer interests for each member on the first page.

Number of Memberships: _____ x \$6.00 each = \$_____ (Total Amount Due)

Please remit Cash, or Checks made payable to "Galway PTSA"

- Return this with your student, or by mail to
Galway PTSA, 5317 Sacandaga Road, Galway, NY 12074
- Mark the envelope: "Attention PTSA: Membership Registration"



No checks or cash on-hand? As a reminder, [online registration is an option.](#)

PTSA USE ONLY:

Amount Paid: \$_____ Payment Method Cash Check # _____ Date: _____ Initials: _____

Number of cards issued: _____

Entered into MemberHub Online Membership System Date: _____ Initials: _____