



2024-25 MEMBERSHIP

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SPONSORSHIP INCLUDES A FAMILY OF 4 MEMBERSHIP

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GOLD

(\$1,000+ donation)

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(\$500-999 donation)

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(\$100-499 donation)

Enter dollar amount of Sponsorship Donation: \$ _____

Preferred Name for Recognition: _____

HOW MANY MEMBERS ARE YOU ENROLLING?

MEMBER #1

First, Last Name _____ ☐ Parent ☐ Student ☐ Community ☐ Faculty ☐ Business
Email _____ Graduation Year ____ 2025 ____ 2026 ____ 2027 ____ 2028
Mobile Phone _____ Volunteer List? ☐ Period 1, A-Day Teacher Name _____

MEMBER #2

First, Last Name _____ ☐ Parent ☐ Student ☐ Community ☐ Faculty ☐ Business
Email _____ Graduation Year ____ 2025 ____ 2026 ____ 2027 ____ 2028
Mobile Phone _____ Volunteer List? ☐ Period 1, A-Day Teacher Name _____

MEMBER #3

First, Last Name _____ ☐ Parent ☐ Student ☐ Community ☐ Faculty ☐ Business
Email _____ Graduation Year ____ 2025 ____ 2026 ____ 2027 ____ 2028
Mobile Phone _____ Volunteer List? ☐ Period 1, A-Day Teacher Name _____

MEMBER #4

First, Last Name _____ ☐ Parent ☐ Student ☐ Community ☐ Faculty ☐ Business
Email _____ Graduation Year ____ 2025 ____ 2026 ____ 2027 ____ 2028
Mobile Phone _____ Volunteer List? ☐ Period 1, A-Day Teacher Name _____

YOUR PAYMENT INFO

☐ PayPal transfer or ☐ Zelle transfer (send to "dashtreasurer1@gmail.com" + email this form)

☐ Cash amount \$ _____ ☐ Check (paid to DASH PTSA) amount \$ _____ check number # _____

☐ Credit/Debit Card Amount \$ _____ Name on Card: _____

Card Number _____ ZIP Code: _____ Expiration: _____ CVV: _____

Card holder signature _____ Printed last name: _____