




**Gateway Middle School PTSA**  
**2023-2024 Fall Membership**  
 Membership Goal: 300 members

**What Membership provides:**

- Support to students and staff at Gateway Middle School
- A legislative voice in Washington State and Washington DC
- Funds for activities and supplies for classroom needs, school activities, and more
- A voice and a vote on PTSA goals, activities, and events
- A bi-weekly eblast which includes information from the PTSA, school, district, and community. (You do not have to join to receive the eblast.)
- Discounts at local, state, and national companies such as FedEx Office, Great Wolf Lodge, Silverwood Theme Park, Angel of the Winds Arena, Car Rentals (Hertz, Avis and Budget), Wild Waves, Office Depot, and many more!

Joining the PTSA is voluntary, and you are not required to commit to any groups, volunteer, or attend PTSA meetings (although we would love to see you and hear from you.)

 LIKE and follow Gateway PTSA on Facebook. Also, remember to check out our website at [GatewayPTSA.org](http://GatewayPTSA.org).

**Everyone who joins by October 21<sup>st</sup> will  
 be entered into a drawing for a \$25 gift  
 card of your choice!**

Please contact VP Membership Teri Murray with any questions:  
[GatewayPTSAmembership@gmail.com](mailto:GatewayPTSAmembership@gmail.com)

PTSA Use Only: Cash/Check # \_\_\_\_\_ / \$ \_\_\_\_\_ Date: \_\_\_\_\_

**Membership Type / Cost:**

Individual (\$13.00) \$ \_\_\_\_\_

Family-2 people (\$20) \$ \_\_\_\_\_

Student (\$8.50) \$ \_\_\_\_\_

PASS THE HAT donation: \$ \_\_\_\_\_  
 (Suggested donation \$35.00)

**TOTAL:** \$ \_\_\_\_\_

(Membership scholarships are available if needed.)

**YOU CAN SIGN UP AND PAY ONLINE:**

[gatewayptsamembership.cheddarup.com](http://gatewayptsamembership.cheddarup.com)

Or return this form with **Cash or check payable to Gateway PTSA**. Please note Gateway Middle School PTSA is a non-profit and all donations are tax-deductible. Your canceled check is your receipt.

*If you do not wish to join the PTSA but would like to receive the bi-weekly eblast, please complete only the name and email portion of this form and check this box*

**Member Information (please print clearly):**

Member Name: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Members:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Student(s) name/grade \_\_\_\_\_

\_\_\_\_\_  
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