



Parent *T*eacher *S*tudent *A*ssociation

of Douglas County West Community Schools

MEMBERSHIP FORM

Member/Family Name:

DC West affiliation (circle all that apply): Parent | Guardian | Teacher | DC West Staff

Mailing Address:

Phone Number:

Email Address:

Student Name and Grade:

Student Name and Grade:

Student Name and Grade:

Student Name and Grade:

Make checks payable to: DC West PTSA. Return Membership Form and donation to any school office.

For PTSA Only: *Date:* _____

Check #: _____

Cash: _____