



Dreyfoos School of the Arts

Parent Teacher Student Organization

Membership Form

Welcome to the 2024-25 school year. It is that time of year to ask for your support by joining the Dreyfoos Parent Teacher Student Organization (PTSO). Your membership fee, along with various fundraising events allows us to offer a variety of activities to the students and support the school staff.

We offer a variety of membership levels and appreciate any level you choose. Students can also join.

Please consider Sponsoring a DSOA Teacher or Staff Member.

PTSO Members receive informative monthly newsletters delivered directly to their emails!

Parent/s Name/s: _____

Parent/s Phone Number/s: _____ Email/s: _____

Student Name/s: _____ Email/s _____

Grade/s: _____ Art Area/s: _____

Please check your membership choice below:

One-Year Parent Membership	\$25	Four-Year Parent Membership (20% Discount)	\$80
♥ARTFUL Supporter <i>(1-Year Membership, Tote Bag and recognition in our Newsletter)</i>	\$100	Four-Year ♥ARTFUL Supporter <i>(Four Year Parent Membership, Tote Bag and recognition in our Newsletter)</i>	\$300
One-Year Student Membership <i>(DSOA Students only)</i>	\$10	Four-Year Student Membership (20% discount—DSOA Students only)	\$32

Sponsor a DSOA Teacher or Staff Membership _____ X \$10 = _____

Teacher/Staff Member/s _____
 Alternate Teacher/Staff Member _____

I would also like to Sponsor a PTSO Event: All sponsorships will receive recognition in our monthly newsletter, PTSO website and event programs. *All Sponsorships are tax deductible*

<p>Please circle an event to sponsor or fill in your own:</p> <p>Project Graduation College Fair</p> <p>Welcome Dinner _____</p> <p>Teacher Appreciation Luncheon</p>	<p>Please circle amount you would like to sponsor:</p> <p style="text-align: center;">\$ 25 \$ 50 \$100 \$200</p> <p style="text-align: center;">\$300 \$500 \$700 \$1000 \$ _____</p> <p>How would you like your name to appear:</p> <p>_____</p>
<p>Amount Paid \$ _____</p> <p>Check # _____ Date: _____</p> <p style="text-align: center;">(Payable to Dreyfoos PTSO, include your child's name)</p>	<p style="text-align: center;">Return membership slip w/ cash/check to:</p> <p style="text-align: center;">DSOA PTSO % Dreyfoos SOA 501 S. Sapodilla Ave. West Palm Beach, FL 33401</p>

Thank You For Your Continued Support!

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