

MEMBERSHIP # \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dr. Michael M. Krop Senior High  
 1410 County Line Rd., Miami, FL 33179  
 Phone: 305-652-6808 Fax: 305-651-3039  
<http://mkhs.dadeschools.net>



PTSA MEMBERSHIP CHAIRPERSON  
 MARIANA WIZNITZER  
 305-333-2075  
[Krop.membership@gmail.com](mailto:Krop.membership@gmail.com)

## Your membership helps make our school the best it can be!

Anyone can be a member of Dr. Michael M. Krop Sr. High School's PTSA – parents, staff, students, relatives, or community members. **The more voices we have, the stronger we will be heard at the State and National level.** Last year, through membership, fundraising, and donations we raised \$43,000 that was invested in teacher grants, senior student scholarships, student academics, arts, and sports. Whether you can volunteer your time or not, you can still support PTSA sponsored projects with your membership and donations; you can make a difference in our school and community. Help us make our students the best that they can be with all the tools and resources they need. **THANK YOU!**

### Student member benefits:

•Student lunch •One free practice ACT or SAT test •Opportunity to apply for PTSA scholarship (graduating seniors) •Volunteer opportunities for community service hours •Representation at PTSA meetings • Student prizes

### Parent/Guardian member benefits:

•Information about important issues affecting your child via email •Volunteer opportunities for you and your child •Invitation to attend all PTSA meetings •Invitation to attend planned workshops and seminars with our college advisor and leaders in our community •Assistance from experienced parent-members.

Dues	Name		Qty	Total
Parent 1/Guardian 1			\$10.00	\$
Parent 2/Guardian 2			\$10.00	\$
MKHS Student 1		Homeroom Teacher	\$10.00	\$
MKHS Student 2		Homeroom Teacher	\$10.00	\$
Teacher/ Staff			\$ 5.00	\$
Other			\$10.00	\$
<b>Donation Program*</b>				\$
<b>Staff Appreciation**</b>				\$
<b>*** Every member counts, we encourage the whole family to join!! ***</b>			<b>Total Enclosed</b>	<b>\$</b>

### Address:

Phone DAY:

:CELL

HOME:

Email:

\*See attached flyer

\*\*Three times during the year (Welcome-Back, Winter holiday, and Teacher Appreciation Week) PTSA celebrates our teachers with a breakfast or lunch. You can help us subsidize these events.

TOTAL AMOUNT PAID: \_\_\_\_\_

CASH     CREDIT CARD     VISA     MASTER CARD

CARD HOLDER NAME: \_\_\_\_\_

#: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_