

**W. T. Woodson Parent, Teacher, Student Organization
2017-2018 Teacher/Staff Membership Form**

You may also go to the PTSO Website to register and pay your membership dues online
at <http://www.woodsonptso.org>

_____ Woodson Staff Member (\$5) _____ Woodson Student Directory (\$5 members, \$10 non-members)

Teacher/Staff Name _____

WTW Department: _____

Phone(s): _____

Email: _____

Membership \$ _____

Directory \$ _____

Donation to PTSO \$ _____

Total Enclosed \$ _____

Please enclose a check for the **total** amount payable to **WT Woodson PTSO** and mail to:
PTSO, WT Woodson High School, 9525 Main Street, Fairfax VA 22031-4099

SIGN UP FOR Woodson's WEMAIL AT: <http://fcps.medianext.com/woodsonhs/start.html>
Questions? Please contact Melissa French at melissawtwptso@gmail.com.
Thank you for your generous support of Woodson High School

PTSO Use Only: Cash # _____ **Check #** _____ **CC transaction #** _____