



MIAMI PUBLIC SCHOOL ENRICHMENT FOUNDATION

Teacher Membership

Name _____

Phone _____

Mailing Address _____

Email Address _____

City _____ State _____ Zip _____

Teacher Memberships are \$15 annually.

____ Please deduct the \$15 as a one-time deduction
from my payroll

____ Check enclosed

Make checks payable and return to:
Miami Public Schools
Enrichment Foundation
P.O. Box 1060
Miami, OK 74355

In addition to my membership, I wish to contribute \$ _____ in memory of _____

Miami Public School Enrichment Foundation