2016-2017 PHS PTSA Membership Form

**$10** **Parent/Guardian Membership (each)**

Name: M F Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:

 Contact Number: Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**$5 Student Membership (each)**

Name: M F Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: M F Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **$5 PHS Teacher/Facility Membership**

Name: Grade: Position:

Email: Contact Number:

 **$35 Business Partner (logo will be placed on our webpage) (includes 4 membership discount cards)**

Business Name: Contact Name: Business phone: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make checks payable to PHS PTSA, Include phone # and Student ID**

**For PTSA USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| PAYMENT | Parent | Student | Staff |
| Amount |  |  |  |
| CARDS GIVEN |  |  |  |
| PTSA Staff |  |  |  |
| Credit Card | Check # \_\_\_\_\_\_ | Cash |  |

|  |  |
| --- | --- |
| Business Partner(up to 4 cards) | Total Monies Collected |
|  |  |
| Donations |  |
|  |  |