

# WECHS Parent Teacher Student Association Membership Form

Name: \_\_\_\_\_

(circle) Parent    Student    Teacher

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Best way to reach you: (circle) Home    Email    Cell

Additional Members can be added below as well as total payment due.

Membership dues are \$5 each. Please make checks payable to WECHS PTSA. Additional donations are also accepted.

Areas in which you would like to support WECHS (please check)

- |   |  |
|---|--|
| <input type="checkbox"/> Hospitality Committee        | <input type="checkbox"/> Fundraising Committee       |
| <input type="checkbox"/> Chaperone Student Activities | <input type="checkbox"/> Proctoring Exams            |
| <input type="checkbox"/> Hall Monitor/Receptionist    | <input type="checkbox"/> Tutoring                    |
| <input type="checkbox"/> Senior Project Judge         | <input type="checkbox"/> Honor Recognition Committee |
| <input type="checkbox"/> Other: _____                 |  |

## Additional Members

Name: \_\_\_\_\_ Email: \_\_\_\_\_

(circle) Parent Student Teacher

Name: \_\_\_\_\_ Email: \_\_\_\_\_

(circle) Parent Student Teacher

Name: \_\_\_\_\_ Email: \_\_\_\_\_

(circle) Parent Student Teacher

Membership type	Quantity	Cost	Total
Memberships	_____ X	\$5.00	= _____
Optional Donations			= _____
<b>Total Enclosed =</b>			_____