



WEST AURORA HIGH SCHOOL

# PTSO MEMBERSHIP FORM

2017-2018

Name/s \_\_\_\_\_

Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Email Address/es \_\_\_\_\_

Student Name \_\_\_\_\_ Year in School \_\_\_\_\_

Student Name \_\_\_\_\_ Year in School \_\_\_\_\_

<b>Membership Type</b> <i>(x all that apply)</i>	<b>Membership Level</b>	<b>Payment Method</b>
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> \$10.00 – Single	<input type="checkbox"/> Cash
<input type="checkbox"/> WAHS Staff / Admin.	<input type="checkbox"/> \$15.00 – Family	<input type="checkbox"/> Check # _____ <i>(payable to WAHS PTSO)</i>
<input type="checkbox"/> Alumni / Community Member	<input type="checkbox"/> \$ _____ Additional Donation (optional)	<input type="checkbox"/> Credit Card Register & pay online @: <a href="https://sd129.revtrak.net/tek9.asp">https://sd129.revtrak.net/tek9.asp</a> High School, WAHS PTSO
<input type="checkbox"/> Student		

### Volunteer Interests

*(how you can help us; selecting interests does not obligate you)*

- \_\_\_\_\_ Homecoming Activities *(September)*
- \_\_\_\_\_ Concessions
- \_\_\_\_\_ Fundraising
- \_\_\_\_\_ Hospitality *(Senior Breakfast, Teacher Appreciation)*
- \_\_\_\_\_ Prom After-Party *(May)*
- \_\_\_\_\_ Scholarship Committee *(spring)*
- \_\_\_\_\_ Board Position: Secretary *(we need for 2017-2018!)*
- \_\_\_\_\_ Chair a Committee: Membership, Volunteers, other area of interest \_\_\_\_\_
- \_\_\_\_\_ NO PREFERENCE *(will help as I'm available)*

RETURN COMPLETED FORM & PAYMENT TO: WAHS, Attn: PTSO, 1201 West New York St., Aurora, IL 60506

The West Aurora High School PTSO is a 501(c)(3) organization and your donation is deductible to the full extent of the law. Consult your tax professional for your situation.

*Below to be completed by authorized PTSO membership personnel*

Date Rec'd \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Paid by Cash \_\_\_\_\_ Paid by Check # \_\_\_\_\_ PTSO Member Initials \_\_\_\_\_