



**MCHS
PTSA**[®]
everychild.one voice

Middle College High School
Parent Teacher Student Association

MEMBERSHIP FORM

Contact Information

(Please submit a separate form for each person seeking PTSA membership.)

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Email Address _____

I am a _____ Student (Specify Grade Level _____) _____ Parent*
_____ Family Member* _____ Other (Specify: _____)

*If you are a parent or family member, please indicate your student's name here:

Membership Fee is \$10 per person.

Consider making a tax deductible donation!

100% of your donation is fully tax deductible! No donation is too small. The more our families donate to support MCHS programs, the less we will need to fundraise during the school year. Questions? Email us at mchsptsa@mchsdelta.com. Thank you for your support!!

Membership Fee	\$ 10.00
Donation Amount (optional)	\$ _____
TOTAL:	\$ _____

**Submit this form with your payment (cash or check payable to MCHS PTSA)
to the MCHS Office - HOLT 208**