



WEST AURORA HIGH SCHOOL

PTSO MEMBERSHIP FORM

2020-2021

Name/s _____

Phone No. _____ Cell No. _____

Email Address/es _____

Student Name _____ Year in School _____

Student Name _____ Year in School _____

Student Name _____ Year in School _____

Volunteer Interests

_____ Homecoming (parade, food truck event)

_____ Hospitality (Senior Breakfast, Teacher Support)

_____ Concessions (Powder Puff, Movie Night)

_____ After-Prom Party

_____ Fundraising

_____ No Preference (will help as available)

Membership Type (x all that apply)

Membership Level

Payment Method

Parent/Guardian

\$10.00 – Single

Cash

WAHS Staff / Admin.

\$15.00 – Family

Check # _____
(payable to WAHS PTSO)

Student

\$ _____

Credit Card

Alumni / Community
Member

Donation (optional)

Register & pay online @:
<https://sd129.revtrak.net/tek9.asp>
High School, WAHS PTSO

Return Completed Form and payment to: WAHS, ATTN: PTSO, 1201 West New York St., Aurora, IL 60506

The West Aurora High School Parent-Teacher-Student Organization 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 _____