

HCPPO MEMBERSHIP

\$5 per family Fill out this form and give it to an HCPPO officer, or turn it in to the main office with your dues.

Parent Name _____ Parent Phone _____

Parent Email _____

Student(s) Name(s) _____ Student(s) Grade(s) _____

Would you like to support a student/family with an additional donation?

Yes ___ Additional Amount \$ _____

DATE ___ CASH ___ CHECK ___ CHECK # ___ HCPPO OFFICER _____