SHS PTA MEMBERSHIP FORM

Name:

Date :

Membership Type:

- ☐ Individual ($5.00)
- ☐ Family ($10.00)
- ☐ Staff ($5.00)

Address Information

Address :

Postal Code :

Email:

Phone:

Student Name(s)	Grade (s)	If Graduating Senior - Elementary Attended?

- ☐ Cash
- ☐ Check
- ☐ Membership fee + Donation
- ☐ Membership only

Total Amount

For PTA Use Only

Date Received

☐ Added to Memberhub / Givebacks

Date Deposited