Welcome to the GIHS PTSA!

Return this completed form with **cash or a check payable to GIHS PTSA** to the High School Main Office in an envelope marked **Attn: GIHS PTSA Membership**.
***Membership cards will be e-mailed. Students should use a non-school e-mail.**

Member 1
Circle One: STUDENT PARENT TEACHER

Name: _____

E-mail: _____

Phone: _____

Member 2
Circle One: STUDENT PARENT TEACHER

Name: _____

E-mail: _____

Phone: _____

Member 3
Circle One: STUDENT PARENT TEACHER

Name: _____

E-mail: _____

Phone: _____

TOTAL MEMBERSHIP DUES ($10/membership): _____

THANK YOU!

DIRECT DONATION: _____

TOTAL PAYMENT: _____

If you have any questions about the HS PTSA, please contact Liz Goss at liz@theparkbuffalo.com.