

# PTSA MEMBERSHIP FORM

\_\_\_\_\_ Members at \$ 6.00 per member Amt. Enclosed \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Homeroom Teacher \_\_\_\_\_

Members Names \_\_\_\_\_

Members Names \_\_\_\_\_

Members Names \_\_\_\_\_

Email Address \_\_\_\_\_  
(Email address used only to provide HHS PTSA information)

Phone # \_\_\_\_\_