



**CHARLES HERBERT FLOWERS PTSA MEMBERSHIP FORM
2006-2007 School Year**

Our Mission

- 1. Support and speak on behalf of children and youth in the schools and other organizations that make decisions affecting children.**
- 2. Assist parents in developing the skills they need to raise and protect children.**
- 3. Encourage Parent and public involvement in the public schools of our nation.**

**MEMBERSHIP DUES
PARENTS AND TEACHERS \$20.00
STUDENTS \$15.00**

PLEASE PRINT

DATE _____

Name: _____
Parent ___ Teacher ___ Student ___

Name: _____
Parent ___ Teacher ___ Student ___

Name: _____
Parent ___ Teacher ___ Student ___

Address: _____ **City:** _____
State: _____ **Zip:** _____

Telephone- Day: _____ **Evening:** _____
Email: _____

Student name: _____

May we call you with opportunities to volunteer for school activities?
YES: _____

Circle interest: Fundraising Membership Legislative Hospitality

**Make checks payable to "CHFHS PTSA"
Parents and Teachers @\$20.00
Students @\$15.00
Total amount paid = \$**

Cash ___

Check number: ___

Please return your membership form to me in room 1004. Membership is only \$20 for the year.