



**SHS PTSA MEMBERSHIP FORM**

**2009 – 2010**

NAME(s) Please print (dues \$10.00 per person)

#1:	_____	parent	teacher	(or other staff)	student
#2:	_____	parent	teacher	(or other staff)	student
#3:	_____	parent	teacher	(or other staff)	student
#4:	_____	parent	teacher	(or other staff)	student

Full names of student if NOT indicated above: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ am or pm

**COMMITTEE INTEREST: (Check at least one. No experience required)**

Membership;  Programs;  Fundraising;  Volunteer Coordination;  
 Scholarship;  Legislative/Advocacy;  Budget/Finance;  Student Representative;  
 Beautification;  Hospitality;  Community Relations/Outreach;  Image;  
 Communications/PR/Marketing

**List Skills/Talents/Interests (e.g. leadership, computers, organization, speaking, etc.):**

**T-SHIRT ORDER FORM                      \$15.00 MEMBERS;                      \$17.00 NON-MEMBER**

*Wear your T-Shirt to show school unity and pride; wear it for security/easy identification when in the school; wear it on Parent visitation days; wear it when speaking before the Board of Education; wear it to support the PTSA*

**NAME AND PHONE NUMBERS IF NOT LISTED ABOVE:** \_\_\_\_\_

\_\_\_\_\_ home phone/cell/work \_\_\_\_\_

Adult Size/Quantity:  S;  M;  L;                       XL;  2X

FOR PTSA USE ONLY: T-Shirt order received by: \_\_\_\_\_

Cash/Check Amount Received: \_\_\_\_\_

Member received T-Shirt (Yes) or (No)