



Membership Form



Name(s) _____

Student Name(s) _____ Grade(s) _____

Email _____ Phone _____

I am a Parent/Guardian Teacher Other relative: _____
 Student Other: _____

I am interested in supporting IDEA Center High School PTSA by

- | | |
|--|---|
| <input type="checkbox"/> joining PTSA (\$10 for each member) | <input type="checkbox"/> planning events |
| <input type="checkbox"/> attending monthly PTSA meetings | <input type="checkbox"/> working events |
| <input type="checkbox"/> donating funds and/or good | <input type="checkbox"/> fundraising activities |
| <input type="checkbox"/> possible employer sponsorship | <input type="checkbox"/> PTSA board position |
| <input type="checkbox"/> chaperone | <input type="checkbox"/> other: _____ |

I give my permission to share my contact information with other PTSA members: _____

I prefer to be contacted by phone email text no preference (initials)

For PTSA office use only: PAID \$ _____ cash / check # _____ received by: _____ /date: _____



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