



Directory

Membership Cards

# Clark'sburg High School PTSA Membership 2018-2019

\* Please Print Clearly \*

Parent(s)/Guardian(s)

Name \_\_\_\_\_

\*Email Address \_\_\_\_\_

Name \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*You will be added to the CHS Distribution Email List

Student(s)

Name \_\_\_\_\_ Grade \_\_\_\_\_ PTSA Member \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ PTSA Member \_\_\_\_\_

Staff

Name \_\_\_\_\_ Position \_\_\_\_\_

Annual Membership Dues: Parent(s)/Guardian(s) \_\_\_\_\_ @ \$20 each = \_\_\_\_\_

CHS Staff @ \$10 each = \_\_\_\_\_

Student(s) \_\_\_\_\_ @ \$10 each = \_\_\_\_\_

I would like to make an additional contribution to the:

Cash/Check

Post Prom Fund \$ \_\_\_\_\_

General Fund \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Please make checks payable to: CHS PTSA

Received by \_\_\_\_\_

Check No. \_\_\_\_\_

Forms may be placed in an envelope along with payment, and dropped off at the front office. You may also mail your membership form along with payment to:

CHS PTSA Membership 22500 Wims Road, Clark'sburg, MD 20871

Please circle any of the below that you are interested in helping with:

Black History Event

Post Prom

Community Outreach

Membership

Staff Appreciation

eScrip/Rewards Program

Fundraising

\*Others \_\_\_\_\_