

DHS PTSA Membership Form



Please print.

1. NAME: _____

EMAIL ADDRESS: _____

Member Type (please circle):

Parent/Guardian (\$10)

Student \$8 (please indicate grade): _____

Faculty/Staff (\$10)

Community Member (\$10)

Amount: \$ _____

2. NAME: _____

EMAIL ADDRESS: _____

Member Type (please circle):

Parent/Guardian (\$10)

Student \$8 (please indicate grade): _____

Faculty/Staff (\$10)

Community Member (\$10)

Amount: \$ _____

3. NAME: _____

EMAIL ADDRESS: _____

Member Type (please circle):

Parent/Guardian (\$10)

Student \$8 (please indicate grade): _____

Faculty/Staff (\$10)

Community Member (\$10)

Amount: \$ _____

4. NAME: _____

EMAIL ADDRESS: _____

Member Type (please circle):

Parent/Guardian (\$10)

Student \$8 (please indicate grade): _____

Faculty/Staff (\$10)

Community Member (\$10)

Amount: \$ _____

5. NAME: _____

EMAIL ADDRESS: _____

Member Type (please circle):

Parent/Guardian (\$10)

Student \$8 (please indicate grade): _____

Faculty/Staff (\$10)

Community Member (\$10)

Amount: \$ _____

Cash or check accepted. Please make check out to DHS PTSA. TOTAL ENCLOSED: \$ _____