

Name: _____

Address (include City & Zip):

Email Address: _____

Member Type: (please circle one)

R=parents S=student F=faculty C=community (grandparent or business)

Memberships Purchased: # Parent _____ # Student _____

Faculty _____ # Community _____ Total # _____

Total Membership Dues enclosed: _____

Paid with: Cash _____ Check # _____

_____ I will pick up my cards at the 1st meeting

_____ Please mail my cards to the above address.

1. We need one form for each person joining the PTSA.
2. All Adult Memberships are \$10 each. Student Memberships are \$8.
3. One check can accompany all the memberships in your family.
4. Please make check payable to: DHS PTSA.
5. Return check and form(s) in envelope addressed to PTSA Membership.
6. Students can drop the forms with the front office.
7. Membership cards can be picked up at the first meeting or can be mailed to you home upon your request.