

MLEC High School PTSA Membership Form

2014/2015

PLEASE PRINT ALL INFORMATION

PTSA MEMBERSHIP - \$9 Individual

Write the name of the member (s) and mark the appropriate description. Use back of form for additional space.

Name: _____ Parent Grandparent Student Faculty Business

Name: _____ Parent Grandparent Student Faculty Business

Address: _____

City/State: _____ Phone Number :() _____

Email address: _____

1st Student's Name: _____ Grade Level: _____ HR Teacher: _____

2nd Student's Name: _____ Grade Level: _____ HR Teacher: _____

BUSINESS MEMBERSHIP: \$20.00 business membership includes Ads on the PTSA website/Newsletter.

Business Name: _____

Phone Number: () _____ - _____

Please attach Business Card to form.

Total # of Memberships _____ (each membership @\$9.00)

Please accept my donation of \$ _____ to help with programs.

Please make all checks payable to: MLEC PTSA

GRAND TOTAL \$ _____

Volunteer Opportunities: I am interested in volunteering, please contact me at:

Phone #: _____

Email #: _____

Office Use Only

Cash Check # _____ Name on Check: _____ Initial: _____