

PARK HILL PTSA MEMBERSHIP FORM

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

E-MAIL _____

CHILD(REN)'S NAMES

GRADE

_____	_____
_____	_____
_____	_____

ARE YOU INTERESTED IN ORGANIZING A PTSA EVENT? YES ___ NO ___

MAY WE CALL YOU IF WE NEED HELP WITH A SPECIFIC EVENT? YES ___ NO ___

TO REGISTER PLEASE MAKE A CHECK FOR \$12.00 PAYABLE TO THE PARK HILL PTSA. CHECKS AND FORMS MAY BE LEFT IN THE BLACK PTSA TREASURER'S BOX IN THE PARK HILL OFFICE OR GIVEN TO ANY PTSA OFFICER.