

WMHS PTSA MEMBERSHIP FORM

Select the type of membership(s) (mark with X):

Staff (\$10) ____ Parent/Guardian (\$10) ____ Student (\$10) ____

Staff/Parent/Guardian Information:

Name (First, Last) (Required): _____

Email Address (Required): _____

Phone number: _____

Mailing Address: _____

Student Information:

Name (First, Last) (Required): _____

Email Address (Required): _____

Grade (Required): _____

Phone number: _____

Mailing Address: Same as above (mark with X): _____

Mailing Address different than above: _____

I would like to sponsor a student(s) (mark with X): _____

If sponsoring a student(s), how many? _____

What grade level(s) do you want to sponsor (9-12)? _____, _____, _____, _____

PTSA Membership Dues:			
Type of Membership:	Membership Dues:	Quantity: (Fill in)	Total: (Fill in)
Adults	\$10		\$
Student	\$10		\$
Grand Total:			\$