

SVHS PTSA 2010-2011 Membership Form

(Please print clearly)

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

PTSA Dues

\$7.00 each

(Please circle all that apply)

Name: _____

Parent Faculty Other

Name: _____

Parent Faculty Other

(Please list all SVHS Students in your family)

(Does this student want to join PTSA?)

Name: _____ Grade: _____

Yes No I need more info.

Name: _____ Grade: _____

Yes No I need more info.

Name: _____ Grade: _____

Yes No I need more info.

Lifetime Member Dues: \$1.25 (Must be awarded)

Lifetime Member _____ Location _____

Student Directories are published by the SVHS PTSA as a service to our members.

____ Yes, I want one for \$5.00!

Your Tax Deductible Greenback Donation is SVHS PTSA's primary fundraiser. Your donation will support the many programs and activities that benefit our students, parents and staff. Thank you for supporting our PTSA!

____ Yes, I want to make a cash donation in the amount of \$_____!

Totals:

\$ _____ PTSA Memberships + \$ _____ Directory + \$ _____ Greenback Donation + \$ _____ School Store
 =
\$ _____ total