

BJHS PTSA Membership Form

Who's Joining?

Member 1	Name: _____	Phone No.: _____			
	Email: _____	Parent <input type="checkbox"/>	Teacher <input type="checkbox"/>	Student <input type="checkbox"/>	
Member 2	Name: _____	Phone No.: _____			
	Email: _____	Parent <input type="checkbox"/>	Teacher <input type="checkbox"/>	Student <input type="checkbox"/>	
Member 3	Name: _____	Phone No.: _____			
	Email: _____	Parent <input type="checkbox"/>	Teacher <input type="checkbox"/>	Student <input type="checkbox"/>	

Fees:

Adult Membership	\$8/member	x	_____	= \$	_____
Student Membership	\$4/member	x	_____	= \$	_____
Tax Deductible Donation			_____	\$	_____

Payment:

\$ _____ Total Amount Received

Online Check Cash

Other:

I want to volunteer! Yes No

Like Us on Facebook: Bob Jones High School PTSA

For more info: Becky Ramsey, VP, Membership
bramsey0505@gmail.com