



McEachern High School PTSA

Membership Form

____Staff __Student* __Parent __Business/Other

(To be eligible for a PTSA Scholarship, Senior students must be a member by Dec. 31.)*

Member's name_____ Grade_____ Advisement_____

Member's name_____ Grade_____ Advisement_____

Member's name_____ Grade_____ Advisement_____

Address_____

City_____ Zip_____

(Membership cards will be mailed to this address.)

Home #_____ Cell/Work #_____

Email_____

Available to Volunteer: Y N

Hearing and Vision, Quest College Fair, Reflections, and Baccalaureate Reception

Best way to be reached _____

Number of memberships_____ x \$5.00 = \$_____

Make Checks Payable to: McEachern PTSA

Return with form in PTSA envelope

****All return checks subject to a \$15.00 fee***