



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 _____

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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*