

# ATLANTIC COMMUNITY HIGH SCHOOL PTSA

## MEMBERSHIP FORM

Atlantic Community High School



### MEMBER INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Circle One:** Parent Student Teacher/Staff Community Member Grandparent Other

Additional name(s) for family memberships:

Name \_\_\_\_\_ **Circle:** Parent /Student (9 10 11 12) Email \_\_\_\_\_

Name \_\_\_\_\_ **Circle:** Parent /Student (9 10 11 12) Email \_\_\_\_\_

Name \_\_\_\_\_ **Circle:** Parent /Student (9 10 11 12) Email \_\_\_\_\_

### MEMBERSHIP DUES

Please return completed form and your tax deductible dues (cash or a check payable to ACHS PTSA) to the school office, or join online and pay with PayPal or a credit card at [AtlanticHighPTSA.weebly.com](http://AtlanticHighPTSA.weebly.com).

<b>Membership type</b>	<b>Quantity</b>	<b>Amount</b>
Basic Membership	___	\$10.00
Family Membership	___	\$25.00
Teacher/Student Membership	___	\$5.00
Additional Donation	___	\$_____

PTSA Use: Date \_\_\_\_\_ Cash Check # \_\_\_\_\_