

MEMBER INFORMATION

Name _____ Email _____

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

ACHS student name(s), if applicable:

Student Name _____ Grade _____

Student Name _____ Grade _____

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 at atlantichighptsa.org/membership.

- Basic membership _____ \$5.00
- Club membership (includes 1 car magnet) _____ \$10.00
- Family membership (includes 1 car magnet) _____ \$25.00
- Additional Donation _____ \$ _____

PTSA Use: Date _____ Cash Check # _____ Team Affiliation _____

The mission of Atlantic High School PTSA is to educate parents and stakeholders about advocacy, education legislature, and school-related issues affecting children's education and to foster effective school/family/community relationships that strive to fulfill the PTA's primary mission of making every child's potential a reality.

