

HHS PTSA 2021-22 MEMBERSHIP FORM

ONLY LIST THOSE JOINING THE HHS PTSA.

Parent/Guardian	Email(s)
1 _____	_____
2 _____	_____

Students' Name	Grade	Advisory Teacher
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Teacher/Staff/Community	Email
1 _____	_____

	<u>QUANTITIY</u>	<u>AMOUNT DUE</u>
Parent/Family	_____ x \$10	\$ _____
Student(s)	_____ x \$ 5	\$ _____
Teacher	_____ x \$ 7	\$ _____
Adopt a Teacher-Membership	_____ x \$ 7	\$ _____

Adopted Teacher Name _____

MEMBERSHIP TOTAL \$ _____

HUSKY PTSA DONATIONS – BETTER TEAMING TOGETHER

\$25 _____ \$50 _____ \$75 _____ \$100 _____ \$200 _____ Other _____

DONATION TOTAL \$ _____

CHECKS PAYABLE TO HHS PTSA

GRAND TOTAL = \$ _____

Harris Teeter Rewards Card

Card # Cell# _____

Lowes Rewards Card

Card # Cell# _____

Authorize HHS PTSA to renew card annually ___ initial

Volunteer Name:

Best Contact Info:

Student Volunteer Name:

Email/Text Number:

HHS PTSA is a 501(c) 3 non-profit organization TAX # 27-2909153

(Please note that we will charge a \$25 fee for returned

PTSA USE ONLY

Payment Type:

Cash _____ Check # _____

PTSA Initials _____ Date _____