

# Arlington High School PTSA- Making Connections

## Membership Opportunities *(Select appropriate box)*

- Family Membership Package: \$20 (for up to 5 members)**  
*Include students, siblings, parents, grandparents, extended family and friends.*
- Individual Membership: \$5 each**
- Gift or Donation: \$\_\_\_\_\_ (\$10 suggested)**  
*This is a great way to support the PTSA and AHS!*

## Member Information *PLEASE PRINT*

**Name:** \_\_\_\_\_ Student/Adult  
If student, please indicate grade level \_\_\_\_\_ & 5th Period Teacher: \_\_\_\_\_

**Name:** \_\_\_\_\_ Student/Adult  
If student, please indicate grade level \_\_\_\_\_ & 5th Period Teacher: \_\_\_\_\_

**Name:** \_\_\_\_\_ Student/Adult  
If student, please indicate grade level \_\_\_\_\_ & 5th Period Teacher: \_\_\_\_\_

**Name:** \_\_\_\_\_ Student/Adult  
If student, please indicate grade level \_\_\_\_\_ & 5th Period Teacher: \_\_\_\_\_

**Name:** \_\_\_\_\_ Student/Adult  
If student, please indicate grade level \_\_\_\_\_ & 5th Period Teacher: \_\_\_\_\_

**Street Address:** \_\_\_\_\_ (Home/Work)

**City, State & Zip:** \_\_\_\_\_

**Home/Work Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email address:** \_\_\_\_\_  *Check to receive AHS PTSA News*

*Additional Members:*

**Name:** \_\_\_\_\_ **Address** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address** \_\_\_\_\_

## MAKE CHECKS PAYABLE TO AHS PTSA

**AHS PTSA USE**

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ Initials \_\_\_\_\_

Total # of Memberships \_\_\_\_\_