

PTSA MEMBERSHIP REGISTRATION

Parent Name _____ Email _____

Parent Name _____ Email _____

Student Name _____ Grade _____ Email _____

Student Name _____ Grade _____ Email _____

***\$7 per individual
or
\$20 per family***

Thank you for your contribution!

Total Amount Enclosed \$ _____

Please make checks payable to Tennessee High School PTSA