

# PRHS PTSA Membership

Please make checks payable to PRHS PTSA.

## Type of Membership

Student \$5

Parent \$10

Teacher \$10

Parent Name:	
Address:	
Home Phone:	
Cell Phone:	
Email Address:	
Student Name:	
Student Grade:	

Are you interested in being contacted for volunteer opportunities?

Please check one:  YES  NO

THANK YOU FOR YOUR SUPPORT!

Payment Method	
Membership #	