

# ATLANTIC COMMUNITY HIGH SCHOOL PTSA MEMBERSHIP FORM

Atlantic Community High School



## MEMBER INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Additional name(s) for family memberships:

Name \_\_\_\_\_ **Circle:** Parent / Student (9 10 11 12) Email \_\_\_\_\_

Name \_\_\_\_\_ **Circle:** Parent / Student (9 10 11 12) Email \_\_\_\_\_

Name \_\_\_\_\_ **Circle:** Parent / Student (9 10 11 12) Email \_\_\_\_\_

## 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 and pay with PayPal or a credit card at [atlantichighptsa.org/membership](http://atlantichighptsa.org/membership).

| <u>Membership type</u>                    | <u>Quantity</u> | <u>Amount</u> |
|---|-----------------|---------------|
| 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 # \_\_\_\_\_

\* For Club Membership, designate school club/team to receive portion of PTSA membership fee: \_\_\_\_\_