



“UNITING OUR COMMUNITY”

**MIRAMAR HIGH SCHOOL PTSA
2019 - 2020 MEMBERSHIP FORM**

Member’s Name: _____

Parent Teacher/Staff Student Community Member

Please contact me about volunteering.

Home Phone: _____ **Cell Phone:** _____

Email address: _____

Registration is \$12 per adult and \$8 per student.
Please make checks payable to Miramar High School PTSA.

.....
FOR OFFICE USE ONLY

Date payment received _____

Form of payment: check [] cash []

Date membership card issued _____

Sent home with student [] Delivered to parent/teacher/staff/community member at meeting []

THANK YOU FOR JOINING THE PTSA!