



HOME OF THE CHARGERS!

(2016-2017)

HALLANDALE HIGH SCHOOL PTSA MEMBERSHIP FORM

[PLEASE PRINT]

\$5.00 (students) / \$10.00 (adults)

Date: _____

Cash Check No. _____

Name: _____

Student Parent Faculty/Staff
[please select one]

Address: _____

City: _____ Zip: _____

Parent(s) Email: _____

Phone: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

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