



**MIRAMAR HIGH SCHOOL PTSA
2017 - 2018 MEMBERSHIP FORM**

Member's Name:

Student's Name: _____

Grade: _____

1st Period Teacher's Name:

Address:

Cell Phone: _____

Home Phone: _____

Email address:

_____@_____._____

Registration is \$10.00 per adult, and \$5 for students.
Please make checks payable to Miramar High School PTSA.
Submit form & payment in a sealed envelope to a grade level office.

I am able to assist the PTSA in the following areas:

Counting & sorting labels Work on committee
 Concessions at School Events Other

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FOR OFFICE USE ONLY

Date payment received: _____

Method of Payment: check cash

Date card issued: _____

Sent home with student Delivered to parent