PTSA
every child. one voice.

Parent Teacher Student Association
Membership Application 2017-2018
JOIN TODAY !!!

_____ YES, I would like to join the South Early Community PTSA.

- Individual Membership(s) _____ $10.00 each $ _____
- Family of 4 Membership _____ $35.00 per family $ _____
- Family of 5 Membership _____ $40.00 per family $ _____

___ Cash OR ___ Check Check #_____ **TOTAL** $ _____

Make checks payable to: **South Early Community PTSA**	**DATE: _____** **Membership # _____**

Member Name(s): _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Email Address: _____

SECHS Affiliation (please check all that apply):

____ Parent ____ Faculty/Staff ____ Student ____ Community Member ____ Local Business ____ Other

If you are a parent whose child attends SECHS, please complete the line below *(for information purposes only):*

Student1 Name:_____ Grade Level: _____
Student2 Name:_____ Grade Level: _____
Student3 Name:_____ Grade Level: _____

I REALLY WANT TO GET INVOLVED! I would like to help with the following (check all that apply) :

- ☐ *Bilingual Support Committee* – Improve communication with our non-English speaking parents; increase involvement
- ☐ *Community Partnership Committee* – Build community and business relationships
- ☐ *Community Service* – Community service projects
- ☐ *Executive Committee* – Officers, Principal and Committee Chairpersons
- ☐ *Faculty/Staff Appreciation Committee* – Teacher Appreciation, Birthday cards, courtesies
- ☐ *Fundraising Committee* – Annual fundraiser, Kroger Community Rewards, others
- ☐ *Membership Committee* – Recruitment of new members, membership activities
- ☐ *Recruitment Committee* – Marketing of school, recruitment of new students
- ☐ *Scholarship Committee* – PTSA Scholarship, other Educational Awards

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