

SEVEN LAKES HIGH SCHOOL PTSA MEMBERSHIP 2018-2019

(Please **PRINT** clearly and make checks payable to SLHS PTSA)

Membership is open to family, friends, community members, and students.

Member Name: _____ Parent___ Student ___ Faculty ___ Community___ Life Member ___

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Sponsor a Teacher: Name: _____ Subject _____

***SENIORS** and 1 Parent/Guardian **MUST** be PTSA members by **OCT 1, 2018** to be qualified to apply for a Scholarship in Spring 2019.

***New Requirement for Class of 2019 & younger:** To be qualified to apply for a Scholarship in spring of their senior year, the student and 1 parent/guardian **MUST** be a PTSA member both junior AND senior year.

Membership Quantity: _____ @ \$10.00 Regular Member or _____ @ \$7.75 Awarded Life Member TOTAL Membership Dues: \$ _____

Parent's Email or Phone # _____ Student's name & grade _____

Membership questions? Contact Aglaen Kirk at membership@sevenlakesptsa.com

FOR PTA USE ONLY: Amt Received: _____ Rcv'd By: _____ Date _____ Check # _____ Dues Amount \$ _____