

MT HEBRON HIGH SCHOOL PTSA MEMBERSHIP AND DIRECTORY INFORMATION 2016-2017

PTSA MEMBERSHIP FEES

- GOLD Adult (@\$10), 1 membership directory per family \$ 10 x ____ = ____
- PLATINUM Adult (@\$25), 1 membership directory per family \$25 x ____ = ____
- SILVER Student (@\$5) (Seniors & parent must be members for PTSA scholarship eligibility) \$ 5 x ____ = ____
- Tax-deductible donation to our PTA. Thank you! \$
- Additional membership directories (@\$5) \$

ONLY PTSA MEMBERS AND SCHOOL STAFF RECEIVE DIRECTORIES

TOTAL: \$

\$4.25 of each membership goes to support the State and National PTA organizations.

FAMILY Details

Parent(s) or Guardian(s) Information

Primary Contact First Name	Secondary Contact First Name:
Primary Contact Last Name:	Secondary Contact Last Name:
Primary Contact E-Mail:	Secondary Contact E-Mail:
Primary Contact Work Phone:	Secondary Contact Work Phone:
Primary Contact Cell Phone:	Secondary Contact Cell Phone:

Student(s) Information

First Name:	Last Name:	Grade:
First Name:	Last Name:	Grade:
First Name:	Last Name:	Grade:

Primary Household Information

Address:

City/State:	ZIP	Home Phone:
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Secondary Household Information

Address:

City/State:	ZIP	Home Phone:
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PTA/SCHOOL DIRECTORY LISTING

Please indicate below whether and to what extent the information on this form may be printed in the school directory.

- Yes, please include **ALL** the information above in the directory.
- Yes, please include my listing in the directory, but **EXCLUDE** the following items:
- No, I don't want to have any information included in the directory.

FREE MONEY FOR OUR SCHOOL! LOYALTY REGISTRATION

Remember, even if you registered your card(s) last year, you must re-register each year for our school to receive credit.

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Please register my Giant Bonus Card for Our School
Giant Bonus Card 12-Digit Number _____ First 3 Letters of your last name

Please register my Harris Teeter VIC Card
Harris Teeter VIC Card Number (not Phone Number) _____
Full Name of Person who registered the Club Card _____

Return this application with your check made out to **MTH PTSA** to the Front Office or mail it to school:
MTH PTSA Membership, c/o Mt Hebron High School, 9440 Old Frederick Rd, Ellicott City, MD 21042
Questions? Please contact our PTSA Membership Chair, Judy Jacob at jtjacob6697@verizon.net

Date Form Received:

Cash

Check # _____