

MT HEBRON HIGH SCHOOL PTSA MEMBERSHIP AND DIRECTORY INFORMATION 2017-2018

PTSA MEMBERSHIP FEES

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

Secondary Household Information

Address:		
City/State:	ZIP	Home Phone:

PTA/SCHOOL DIRECTORY LISTING

The directory this year will be created from the PTA/PTSA section of the Family File tab on the HCPSS Connect site. To be included in the directory, you must give permission when you complete this section.

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.

<input type="checkbox"/>	Please register my Giant Bonus Card for Our School Giant Bonus Card 12-Digit Number _____ First 3 Letters of your last name _____
<input type="checkbox"/>	Please register my <u>Harris Teeter VIC Card</u> 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:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
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