UNIVERSITY HIGH SCHOOL ACADEMY
PTSA MEMBERSHIP FORM
2008-2009

TYPE OR USE A PEN AND PRINT NEATLY.

NAME:_____ _____
LAST FIRST SPOUSE

ARE YOU: ☐ Parent ☐ Guardian ☐ Staff Member

ADDRESS:_____ APT#:_____

CITY:_____ ZIP:_____

PHONE NUMBERS: HOME: _____

WORK: _____

CELL: _____

OTHER: _____

EMAIL ADDRESS: _____@_____

UHSA STUDENT(S) NAME	***YEAR OF GRAD***
*1.*_____	_____
*2.*_____	_____

: _____

ARE YOU ABLE TO VOLUNTEER: ☐ *Yes* ☐ *No* ☐ *Possibly*

DUES & DONATIONS: *Membership Dues:* ☐ *$20.00*

Additional: (optional) _____

Please make checks payable to: University High School Academy PTSA 501(c)3

OFFICIAL USE ONLY

Check #: _____

Cash: _____ ***Amount Enclosed:*** _____