

Mary E. Phillips High School
2016-2017 PTSA Membership Form

Make a difference by joining the MEPHS PTSA TODAY!

Name: _____ **Date:** _____

Address: _____

City: _____ **Zip:** _____

Main phone: _____ **Alternate:** _____

Email Address: _____

Membership is \$10 per person. (Cash or money order only)

Faculty _____ **Parent/Guardian** _____ **Other** _____

Student's Name _____

Please check committee(s) that you may be interested in serving on:

___ **Fundraising** ___ **Membership** ___ **Officers**

___ **Programs** ___ **Newsletter** ___ **Reflections**

___ **Staff Appreciation**

****If you are interested in chairing a committee please circle that committee****