

Please complete this form and send along with a check made out to SJHHS PTSA to:

San Juan Hills High School
PTSA
29211 Via Montana
San Juan Capistrano, CA 92675

IDENTIFICATION INFORMATION

Parent Name Home Phone #

Student Name(s) Grade(s)

Address City Zip Code

Membership Information:

Individual Membership @\$15.00

1 Membership	_____	\$15.00
2 Memberships	_____	\$30.00
3 Memberships	_____	\$45.00
4 Memberships	_____	\$60.00
___ Memberships x \$15.00 =	_____	

Member Names:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Check# _____ Amount _____

Cash _____ Amount _____