



**San Juan Hills High School**



**PTSA MEMBERSHIP AND PAYMENT FORM**

PLEASE PRINT CLEARLY!

Persons who wish to join 2008-2009 membership are:  
ADULTS - \$15 per person

1. _____ name	2. _____ name
_____ address	_____ address
_____ city zip	_____ city zip
_____ email address / phone	_____ email address / phone

STUDENTS - \$15 per person

1. _____ name	2. _____ name
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As a member, I understand that my address information will be shared with the California State PTA and the National PTA.

I wish  I do not wish to forward my address information to the California State PTA and the National PTA.

**MEMBERSHIP DUES**

# Adults x \$15 = \_\_\_\_\_ + # Students x \$15 = \_\_\_\_\_ Total Membership \$ \_\_\_\_\_

FRIENDS OF SJHHS - I / We would like to further support PTSA programs:

\$25  \$50  \$75  \$100  \$500  Other \_\_\_\_\_ Donation \$ \_\_\_\_\_

SCHOLARSHIP FUND - Senior Scholarship Fund

\$25  \$50  \$75  \$100  Other \_\_\_\_\_ Scholarship \$ N/A

LIBRARY ENRICHMENT - Resources for SJHHS Library / Teachers

\$10  \$20  \$50  \$100  Other \_\_\_\_\_ Library \$ \_\_\_\_\_

LEAVE A LITERARY LEGACY

Complete enclosed form and return with this form.

\$10  \$20  \$50  \$100  Other \_\_\_\_\_ Leave a Literary Legacy \$ \_\_\_\_\_

DIRECTORY - \$7 for first copy

Please complete the Directory Form by September 12th.

Directories \$ \_\_\_\_\_

BOOK COVERS - \$3 each or 4 for \$10

Available during registration.

Book Covers \$ \_\_\_\_\_

**PLEASE MAKE CHECK PAYABLE TO: SJHHS PTSA**

**TOTAL \$ \_\_\_\_\_**

Please return this form and your check to the PTSA during registration or you may return both to the SJHHS Main Office.

*Thanks for your support!*

NOTE: Book covers are available ONLY during registration. Directory forms must be returned by Sept. 12th if you wish to be included in the directory.