

**EHS PTSA MEMBERSHIP FORM – 2009/2010**  
**EHS PTSA**

**IF MULTIPLE SIBLINGS; USE ONE FORM PER FAMILY**

**\*\*IMPORTANT:** At Orientation, please return all PTSA forms with one aggregate check in the Forms and Payments envelope provided, or mail it to EHS PTSA, 400 228<sup>th</sup> Ave. NE, Sammamish, WA 98074

**PTSA Membership Benefits**

The Eastlake PTSA invites you to join and support EHS activities for the coming year. **Each PTSA membership entitles you to one Student Directory (two memberships = two directories)**. Your directory/s will be distributed in the fall. Details will be posted on the PTSA website [www.ehsptsa.org](http://www.ehsptsa.org) and Parent Organizer.

\_\_\_\_\_ \$15.00 Individual Membership      Name \_\_\_\_\_

\_\_\_\_\_ \$20.00 Couple Membership                      Names \_\_\_\_\_

\_\_\_\_\_ \$10.00 Student #1 Membership      Name \_\_\_\_\_

\_\_\_\_\_ \$10.00 Student #2 Membership      Name \_\_\_\_\_

**Total for selected memberships \$\_\_\_\_\_ Please include this amount in your combined check to EHS PTSA and place it in the Forms and Payments Envelope provided.**

**If you are paying for a membership(s), please fill in the information below**

**Personal Information – for PTSA Membership database**

*If your student divides their time between two households, please feel free to request a second form from the office or print a copy from the website: [www.ehsptsa.org](http://www.ehsptsa.org)*

Parents/Guardians Name: Last \_\_\_\_\_ First \_\_\_\_\_

Parents/Guardians Name: Last \_\_\_\_\_ First \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parental E-Mail: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Student #1 Name \_\_\_\_\_ homeroom \_\_\_\_\_

Student #2 Name \_\_\_\_\_ homeroom \_\_\_\_\_