

Hamburg Central PTSA Membership Application

Simply by becoming a member, your dues are supporting our children and school community.
One membership serves all of our schools from October 1, 2011 - September 30, 2012.
Thank you for your support

(Parent/Student/Staff/Community - Circle One)

FOR OFFICE USE

1. Last Name _____ First Name _____ \$8.00 PT ST SF CY Member # _____
2. Last Name _____ First Name _____ \$5.00 PT ST SF CY Member # _____
3. Last Name _____ First Name _____ \$5.00 PT ST SF CY Member # _____
4. Last Name _____ First Name _____ \$5.00 PT ST SF CY Member # _____

Cash or checks payable to **Hamburg Central PTSA** Total \$ _____ Cash or Check# _____ School _____

ADDRESS _____ PHONE _____

**** To qualify for more than one membership, individuals must all reside at the same address ****

EMAIL _____

(Please include an email address so that we can notify you of PTSA events & important information)
via Just Between Friends Program and Facebook - Hamburg Central PTSA

Also Visit www.hamburgschools.org for updates on PTSA and school events.
Contact PTSA Vice President of your school if you are able to volunteer some time.

******To be eligible for a PTSA scholarship,
the HS Senior or his/her parent must be a PTSA member******

Check if you would like information on **Special Education** _____

Which school(s) do your children attend (Circle all that apply& their grade level)?

PRE-K ARMOR BOSTON CHARLOTTE UPES MIDDLE SCHOOL HIGH SCHOOL
K 1 2 3 4 5 K 1 2 3 4 5 K 1 2 3 4 5 K 1 2 3 4 5 6 7 8 9 10 11 12

PLEASE RETURN FORM AND PAYMENT TO THE MAIN OFFICE

Who should we send membership card home with?

Student _____

School _____ Teacher _____

Thank you gift (Check One) Things To Do Pad _____ Home to School Note Pad _____

Any questions, contact Lori Pace 228-1700 or email retta217@msn.com