

CANYON HIGH SCHOOL PTSA MEMBERSHIP FORM

Join PTSA and receive membership benefits



Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

- Please complete ALL SECTIONS below to join Canyon PTSA
- Membership is not limited to parents and students, **ANY** person may join PTSA
- The information provided will be included in the school directory
- Check (o) next to specific to omit from the directory
- Email is needed in order to send an electronic PTSA membership card

Type of Member (circle one)	Last Name	First Name	<input type="checkbox"/>	Phone #	<input type="checkbox"/>	E-mail (for membership card)	<input type="checkbox"/>
Parent/Faculty/Other							
Parent/Faculty/Other							
Student/Other							
Student/Other							
Student/Other							

If you would like to help, please check all that apply			
Registration/Taking Care of Business (Aug)	<input type="checkbox"/>	Reflections (Fall)	<input type="checkbox"/>
Registration Card (1 st day of each semester)	<input type="checkbox"/>	Donating food for events	<input type="checkbox"/>
Red Ribbon Week (Oct)	<input type="checkbox"/>	Interested in being a board member/committee chair	<input type="checkbox"/>
Vision & Hearing (Dec)	<input type="checkbox"/>	PTSA updates and meeting info	<input type="checkbox"/>
Every 15 min/Reality Party (Apr)	<input type="checkbox"/>	I have a resource that PTSA may be interested in using such as printing business, restaurant, etc.	<input type="checkbox"/>
*** Meetings & Volunteer opportunities are OPTIONAL ***			

Membership Dues	
# of PTSA Members: _____ x \$15.00 =	\$ _____
PTSA Donation: __\$25 __\$50 __\$100 __ other	\$ _____
TOTAL	\$ _____

For PTSA Use only		
Date: _____	Cash or Check #: _____	Initials: _____

Please return this form and payment (check payable to: CANYON PTSA) during Registration or to the School Office