



Received by _____ Cash Check # _____ Input _____

San Juan Hills High School PTSA



PTSA MEMBERSHIP AND PAYMENT FORM 2017-2018

PLEASE PRINT CLEARLY

Persons who wish to be a member for 2017-18
ADULTS - \$20 per person/Adultos-\$20 por persona

1. _____ name/nombre	2. _____ name/nombre
_____ address/direccion	_____ address/direccion
_____ city/ciudad zip/codigo postal	_____ city /ciudad zip/codigo postal
_____ email address/direccion Electronica	_____ email address/direccion electronica

STUDENTS - \$10 per person

1. _____ name/grade level	2. _____ name/grade level
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As a member, I understand that I will receive PTSA email updates unless I select otherwise. My email will only be used for PTSA communication and will not be distributed to others.

I do NOT want to receive PTSA email updates.
 No deseo recibir noticias del PTSA

MEMBERSHIP DUES/CUOTAS DE MEMEBRESIA

___ # Adults x \$20 = ___ + ___ # Students x \$10 = ___ **Total MEMBERSHIPS \$** _____

FRIENDS OF SJHHS - I / We would like to further support PTSA programs (we welcome corporate matching gifts)

Amigos De SJHHS - Yo/Nosotros nos gustaria contribuir para progrmamas patrocianados por el PTSA
 \$25 \$50 \$75 \$100 \$500 Other _____ **Donation/Donacion \$** _____

SCHOLARSHIP FUND - Senior Scholarship Fund/Fondos De Becas - Fondo de Beca para Graduado
 \$25 \$50 \$75 \$100 Other _____ **Scholarship \$** _____

LIBRARY ENRICHMENT - Resources for SJHHS Library / Teachers (Recursos para la biblioteca de SJHHS/Maestros)
 \$10 \$20 \$50 \$100 Other _____ **Library \$** _____

LEAVE A LITERARY LEGACY /Dejar Un Legado Literario
>>>Complete enclosed form and return with this form.<<<
 \$25 \$50 \$100 \$500 \$1,000 Other _____ **Leave a Literary Legacy \$** _____

Please make checks payable to: SJHHS PTSA **TOTAL \$** _____

Por favor haga su cheque pagadero a SJHHS PTSA

Please return this form and your check to the PTSA during registration or you may return both to the SJHHS Main Office.
We are happy to process corporate matching gifts. Please send us paperwork from your employer. **Thank you for your support!**

Por favor regrese esta forma y su cheque durante la matricula o a la oficina principal de SJHHS
Nos complace procesar donaciones y regalos corporativos. Por favor enfie la documentacion de su empleador Gracias por su apoyo