

SHS PTSA MEMBERSHIP FORM



Help support your child's education by joining PTA!
Memberships are \$5 per person. Please make checks payable to **SHS PTSA**.

Member Name _____ Email _____
Address _____ City _____, SC Zip _____
Date ____/____/____ Phone _____ home work cell
 Parent Student Faculty/Staff Other Relationship Student _____
Additional Members _____

YES! Please email or call me about volunteer opportunities! I am particularly interested in helping with the following committees:

- School store Volunteer Newsletter Membership
- Hospitality Reflections Miss SHS Pageant Teacher Appreciation
- Red Ribbon Week Forensics After Prom AFJROTC
- Band Fundraising Athletic Booster Club IB Parent Council

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