

# CITY HIGH MIDDLE SCHOOL - PARENT TEACHER STUDENT ASSOCIATION

## PTSA MEMBERSHIP & SCHOOL DIRECTORY SIGNUP FORM 2009-10

1. Sign up everyone in your household on one form--indicate student grade or adult/parent role for each, please.
2. Whether you join or whether we publish your presence in the directory is your choice, but we'd love to include you! **"DNP" tells us "DO NOT PUBLISH!"**
3. If you want news of interest to PTSA members, check "OK" to authorize us to send the weekly Pegasus Pulse e-mailer!
4. Everyone has talents and interests--please list your preferences from the many ideas on the volunteer opportunity sheet.
5. Once again, if you were in last year's directory and you liked the listing, give us your name and then write in "SAME AS LAST YEAR".
6. And as always, when at least one adult joins the PTSA, the \$5 price of the finished directory is reduced to **FREE**. **Thanks for being part of your PTSA!!**

<b><u>Person One</u></b> <input type="checkbox"/> \$5 Parent Member <input type="checkbox"/> \$4 Student Member <input type="checkbox"/> Complimentary Teacher/Staff Member <input type="checkbox"/> Non-Member			
Name _____	<input type="checkbox"/> DNP	Grade/Parent Role _____	Please List Volunteer Preferences See Opportunities List for Ideas
Address _____	<input type="checkbox"/> DNP	City/Zip _____	
Phone(s) Day _____	<input type="checkbox"/> DNP	Night _____	
E-mail(s) _____	<input type="checkbox"/> DNP	Send weekly Pegasus Pulse <input type="checkbox"/> OK	
<b><u>Person Two</u></b> <input type="checkbox"/> \$5 Parent Member <input type="checkbox"/> \$4 Student Member <input type="checkbox"/> Complimentary Teacher/Staff Member <input type="checkbox"/> Non-Member			
Name _____	<input type="checkbox"/> DNP	Grade/Parent Role _____	Please List Volunteer Preferences
Address _____	<input type="checkbox"/> DNP	City/Zip _____	
Phone(s) Day _____	<input type="checkbox"/> DNP	Night _____	
E-mail(s) _____	<input type="checkbox"/> DNP	Send weekly Pegasus Pulse <input type="checkbox"/> OK	
<b><u>Person Three</u></b> <input type="checkbox"/> \$5 Parent Member <input type="checkbox"/> \$4 Student Member <input type="checkbox"/> Complimentary Teacher/Staff Member <input type="checkbox"/> Non-Member			
Name _____	<input type="checkbox"/> DNP	Grade/Parent Role _____	Please List Volunteer Preferences
Address _____	<input type="checkbox"/> DNP	City/Zip _____	
Phone(s) Day _____	<input type="checkbox"/> DNP	Night _____	
E-mail(s) _____	<input type="checkbox"/> DNP	Send weekly Pegasus Pulse <input type="checkbox"/> OK	

**For households with more than three City High/Middle Citizens, please continue on the back!**

Total Dues \$
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PTSA Recordkeeping Use, Please

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**Person Four**    \$5 Parent Member    \$4 Student Member    Complimentary Teacher/Staff Member    Non-Member

Name \_\_\_\_\_  DNP   Grade/Parent Role \_\_\_\_\_

Address \_\_\_\_\_  DNP   City/Zip \_\_\_\_\_

Phone(s)   Day \_\_\_\_\_  DNP   Night \_\_\_\_\_  DNP

E-mail(s) \_\_\_\_\_  DNP   Send weekly Pegasus Pulse    OK

*Please List Volunteer Preferences  
See Opportunities List for Ideas*

**Person Five**    \$5 Parent Member    \$4 Student Member    Complimentary Teacher/Staff Member    Non-Member

Name \_\_\_\_\_  DNP   Grade/Parent Role \_\_\_\_\_

Address \_\_\_\_\_  DNP   City/Zip \_\_\_\_\_

Phone(s)   Day \_\_\_\_\_  DNP   Night \_\_\_\_\_  DNP

E-mail(s) \_\_\_\_\_  DNP   Send weekly Pegasus Pulse    OK

*Please List Volunteer Preferences*

**Person Six**    \$5 Parent Member    \$4 Student Member    Complimentary Teacher/Staff Member    Non-Member

Name \_\_\_\_\_  DNP   Grade/Parent Role \_\_\_\_\_

Address \_\_\_\_\_  DNP   City/Zip \_\_\_\_\_

Phone(s)   Day \_\_\_\_\_  DNP   Night \_\_\_\_\_  DNP

E-mail(s) \_\_\_\_\_  DNP   Send weekly Pegasus Pulse    OK

*Please List Volunteer Preferences*

**Person Seven**    \$5 Parent Member    \$4 Student Member    Complimentary Teacher/Staff Member    Non-Member

Name \_\_\_\_\_  DNP   Grade/Parent Role \_\_\_\_\_

Address \_\_\_\_\_  DNP   City/Zip \_\_\_\_\_

Phone(s)   Day \_\_\_\_\_  DNP   Night \_\_\_\_\_  DNP

E-mail(s) \_\_\_\_\_  DNP   Send weekly Pegasus Pulse    OK

*Please List Volunteer Preferences*