



## Somers High School PTSA Membership Form

Yes, I'd love to join the High School PTSA!

**Senior Parents – if your student will be applying for the SHS PTSA Scholarship, both the student and one parent must be a PTSA member**

1 <sup>st</sup> Member Name		Email:		Cell Phone:	
2 <sup>nd</sup> Member Name		Email:		Cell Phone:	
Student (joining PTSA)		Email:		Cell Phone:	
Student (joining PTSA)		Email:		Cell Phone:	

<b>Memberships:</b>				
	First Member	1	@\$20	\$20.00
	Each Additional Member		@\$10	\$
	Students		@\$10	\$
	<b>Total Membership</b>			<b>\$</b>
<b>Donations:</b>				
	General Donation			\$
	Staff Appreciation Lunch			\$
	Senior activity donation	For students in need *		\$
	<b>Total Donations</b>			
	<b>GRAND TOTAL</b>			<b>\$</b>

\* determined by the social worker

**Return your completed form and check payable to SHS PTSA to:  
The School – Attention Membership Chair or Mail To:**

**Somers High School PTSA  
PO Box 108  
Lincolndale, NY 10540**