



JOIN THE BRENNAN HIGH SCHOOL PTSA
20__-20__ MEMBERSHIP DUES - \$10.00 PER PERSON

Primary Member:

Name: _____ Email: _____

Phone: _____ Life Member? Yes No

Membership Type:

Parent: Mother Father Step-Mother Step-Father Grandmother Grandfather Guardian

Student / Grade: _____ Faculty: Teacher Support Staff Administrator Community Partner

2nd Member:

Name: _____ Email: _____

Phone: _____ Life Member? Yes No

Membership Type:

Parent: Mother Father Step-Mother Step-Father Grandmother Grandfather Guardian

Student / Grade: _____ Faculty: Teacher Support Staff Administrator Community Partner

3rd Member:

Name: _____ Email: _____

Phone: _____ Life Member? Yes No

Membership Type:

Parent: Mother Father Step-Mother Step-Father Grandmother Grandfather Guardian

Student / Grade: _____ Faculty: Teacher Support Staff Administrator Community Partner

Student Information (if not listed above as a member):

Student's Name(s)/Grade(s): _____

Total number of memberships: _____ x \$10.00 per person = \$ _____

I would also like to donate to the Brennan PTSA \$ _____
(100% of your donation money STAYS at Brennan)

Total Enclosed \$ _____

Yes, I would like to be contacted regarding PTSA volunteer opportunities at Brennan HS

Yes, I would like to be contacted for future Brennan PTSA Board positions as they become available

RETURN APPLICATION AND PAYMENT TO THE BRENNAN FRONT OFFICE

MAKE CHECKS PAYABLE TO "BRENNAN HS PTSA"

THANK YOU FOR YOUR SUPPORT!