

Southeast Raleigh Magnet High School PTSA
2017-2018 Membership Application
 2600 Rock Quarry Road ~ Raleigh, NC 27610
 Telephone: (919) 856-2800

MEMBERSHIP INFORMATION (Please Print)

| | |
|--|-------------------|
| Parent Member Name: | Tel: |
| Address: | City, Zip: |
| *E-Mail Address: | |
| Does your employer participate in matching gifts? If so, employer name: | |
| Parent Member Name: | |
| *E-Mail Address: | |
| Student Member Name: | |
| *E-Mail Address: | |

*By supplying the PTSA with your e-mail address, you are giving us permission to send you pertinent PTSA information; we will not use your information for any other reason.

All Checks should be made out to SRMHS PTSA

PTSA MEMBERSHIP

Parent/Guardian: \$15.00 X _____ = \$ _____

Student: \$ 7.00 X _____ = \$ _____

TOTAL MEMBERSHIP AMOUNT PAID \$ _____

SPONSORSHIP OPPORTUNITIES

(100% Tax Deductible)

Other: \$ _____ Amt. Paid \$ _____

TOTAL SPONSORSHIP AMOUNT PAID: \$ _____

BULLDOG SPIRIT WEAR

Shirt Size: _____ S-M-L-XL \$12 _____ 2XL \$14 _____ 3XL \$15

Check Issuer Agreement: I do hereby agree to reimburse the SRMHS PTSA for any and all banking penalties and/or administrative charges incurred by the PTSA resulting from a returned check, whether the check is returned for insufficient funds or any other reason.

(This Section for PTSA Use Only)

Date: _____

PTSA Card issued: Yes _____ No _____

Method of Payment: Cash _____

Sub Totals: Membership: \$ _____

Check No. _____

Spirit Wear: \$ _____

Received By: \$ _____

GRAND TOTAL: \$ _____