

Southeast Raleigh University Connections Magnet High School PTSA

Faculty/Staff Membership Application

2600 Rock Quarry Road ~ Raleigh, NC 27610

Telephone: (919) 856-2800

MEMBERSHIP INFORMATION (Please PRINT)

Name: _____ **Tel:** _____

Address: 2600 Rock Quarry Rd **City, Zip:** Raleigh, NC 27610

***E-Mail Address :** _____ **@wcpss.net**

*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.

PTSA MEMBERSHIP

Faculty/Staff: \$10.00 X _____ = \$_____

TOTAL \$_____

PLEASE MAKE CHECKS PAYABLE TO

SRMHS PTSA

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.

BULLDOG SPIRIT WEAR

T-Shirt Size: ___S-M-L-XL \$12 ___2XL \$14 ___3XL \$15

Spirit wear total \$_____

DEPARTMENT: _____

(This Section for PTSA Use Only)

Date: _____ PTSA Card issued: Yes _____ No _____

Method of Payment: Cash _____ **Sub Totals:** Membership: \$ _____

Check No. _____ Spirit Wear: \$ _____

Credit Card: _____

Received By: _____ **GRAND TOTAL:** \$ _____

Thank you for your support of the
SRMHS PTSA!

