**NORTHSHORE HIGH SCHOOL PTSA MEMBERSHIP  
  
Please print clearly & include all NHS students & grades that you are representing by your membership.**

**Student $5**  **NHS Staff $6**  **Parent/Individual $7**  **Family (2 Members) $12** 

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| Parents, students, grandparents, guardians, and NHS staff are all encouraged to join the NHS PTSA. Our goal is 100% participation. Additionally, student members are automatically entered into numerous prize drawings throughout the school year.    Your dues help fund teacher mini grants, host staff hospitality events, provide student grants for Project Graduation and more. This membership does not obligate anyone to perform volunteer service hours.    Northshore High School has one of the largest PTSA’s in the Parish. Please join us. Thank you for supporting Northshore’s Parent, Teacher & Student Association – your NHS PTSA! |

1st Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ $5 Student Member 

2nd Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ $5 Student Member 

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make Checks Payable to NHS PTSA – Total Membership Dues Enclosed $\_\_\_\_\_\_\_\_**

▪ Please print our Membership Cards  Cancelled checks serve as receipts. Thank you.

▪ In addition to membership dues, I am making a tax deductible donation to the NHS PTSA in the amount of **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_**