

2008-2009 FMHS PTSA MEMBERSHIP FORM

Member Information (please print clearly)

ONE TIME DONATION of \$50.00 \$ _____
(Donation includes 2 PTSA memberships & 2 directories mailed to address listed below)

Name _____ Parent Faculty Student
 Name _____ Parent Faculty Student
 Address _____
 Zip _____ Phone # (____) _____

PTSA (Parents & Faculty) MEMBERSHIP ONLY (\$10 per member) # ____ \$ _____
(you receive 1 directory w/membership - max 2 per household)
 **Faculty directories will be delivered to school

Name _____ Parent Faculty
 Name _____ Parent Faculty
 Address _____
 Zip _____ Phone # (____) _____

PTSA (Student) MEMBERSHIP ONLY (\$5.00 per student) # ____ \$ _____
(you receive 1 directory w/membership - max 2 per household)

Name _____
 Name _____
 Address _____
 Zip _____ Phone # (____) _____

Texas PTA Life Membership Award Recipient # ____ @ - \$1.25 - \$ _____

Check # _____ Cash _____ Total Paid _____
 \$ _____
(Make check payable to FMHS/PTSA)

Please return form to school office or mail to: FMHS PTSA/Attn: PTSA Membership
 3411 Peters Colony Rd. Flower Mound, TX 75022

Questions – Contact: Susanne Hutchinson, 972-355-6668 or hutchpta1@verizon.net

For PTSA Use Only

Batch #	# Parent	#Faculty	#Student	#Life Member	# Directories	#Donation	TOTAL \$

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