

2009-2010 FMHS PTSA MEMBERSHIP FORM

Member Information (please print **clearly**)

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

Name _____ Parent Faculty Student

Name _____ Parent Faculty Student

Address _____

Zip _____ Phone # (____) _____

PTSA (Parents & Faculty) MEMBERSHIP ONLY (\$15 per member) # ____ \$ _____
(you receive 1 directory w/membership)
 **Faculty directories will be delivered to school

Name _____ Parent Faculty

Name _____ Parent Faculty

Address _____

Zip _____ Phone # (____) _____

PTSA (Student) MEMBERSHIP ONLY (\$10.00 per student) # ____ \$ _____
(you receive 1 directory w/membership - max 2 per household)

Name _____

Name _____

Address _____

Zip _____ Phone # (____) _____

Texas PTA Life Membership Award Recipient # ____ @ - \$2.25 - \$ _____

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