

JOIN THE SKYLINE HIGH PTSA!

Parent Name (First member) _____			
Email address: _____			
Parent Name (Second member) _____			
Email address: _____			
Mailing Address: _____			
City: _____	State: _____	Zip: _____	Home# _____
Student(s) Name/ _____		Grade _____	
Student(s) Name/ _____		Grade _____	

Skyline PTSA Membership—join today to become part of this award winning organization!

___ Dual membership \$20 or ___ Individual membership \$15 Total \$ _____

Student Directory—two free per dual or one free per individual membership

Please indicate which directory(ies) you prefer:

___ Skyline High ___ PC Freshman Campus

Additional Student Directories—for members only (\$5 each)

___ Skyline High ___ PC Freshman Campus Total \$ _____

Emergency Preparedness, please pay \$5 per student

Total \$ _____

Pass The Hat (PTSA's Primary Fundraiser)

Monies go towards staff grants, student programs such as Reflections, and staff appreciation at both Skyline and Pacific Cascade Freshman Campus.

___ \$50 or \$ ___ other Total \$ _____

Check if your company offers a matching funds program

Company Name _____

You can write one check for grand total to **Skyline PTSA**

Grand Total \$ _____

Check to opt out of legislative emails



Please mail this form with your check payable to **Skyline PTSA** to:

Skyline PTSA
704 228th Ave NE #521
Sammamish, WA 98074

Questions? Toolie Estrada 425-557-8245 taestrada@comcast.net
Questions? Elaine Atherly 425-313-9986 ejatherly@comcast.net

For office use only

Cash: \$ _____
Check: Number _____ \$ _____
Directories: SHS _____ PCFC _____