

Southeast Raleigh Magnet High School PTSA

2009-2010 Membership Application

2600 Rock Quarry Road-Raleigh, NC 27610

Telephone: (919) 856-2800

SOUTHEAST RALEIGH MAGNET HIGH SCHOOL PTSA MEMBERSHIP

Parent/Guardian: \$11.00 X _____ = \$ _____

Faculty/Staff: \$6.00 X _____ = \$ _____

Student: \$5.00 X _____ = \$ _____

TOTAL MEMBERSHIP AMOUNT PAID \$ _____

A senior must be a member of the PTSA to qualify for either a National PTA or Southeast Raleigh Magnet HS PTSA Scholarship.

SPONSORSHIP OPPORTUNITIES (100% Tax Deductible)

Donor.....\$25.00 Amt. Paid \$ _____

Sponsor.....\$50.00 Amt. Paid \$ _____

Patron.....\$100.00 Amt. Paid \$ _____

Other: \$ _____ Amt. Paid \$ _____

TOTAL SPONSORSHIP AMOUNT PAID: \$ _____

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..

(This Section for PTSA Use Only)

Date: _____

PTSA Card issued Yes _____ No _____

Method of Payment: Cash _____

Check No. _____

Received By: _____

Sub Totals: Membership: \$ _____

Sponsorship: \$ _____

GRAND TOTAL: \$ _____

**PLEASE MAKE CHECKS PAYABLE TO
SRMHS PTSA.**

Thank you for your support of the
SRMHS PTSA!

*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.

MEMBERSHIP INFORMATION *(Please print legibly.)*

Adult Name:	Tel (H) or (C)
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Address:

City, State, Zip:

E-Mail Address*:

Adult Name:	Tel (H) or (C)
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Address:

City, State, Zip:

E-Mail Address*:

SRMHS Student Name:

E-Mail Address*:

SRMHS Student Name:

E-Mail Address*: