

DIXIE HOLLINS HIGH SCHOOL PTSA
PLEASE PRINT INFORMATION

20___/20___ SCHOOL YEAR MEMBERSHIP FORM

Please Circle One: Parent/Guardian Grandparent Student Teacher DHHS Staff Friend

Name: _____

Address: _____

Phone: (____) _____ Alternate#: (____) _____

E-mail: _____

Student's Name: _____ Grade: _____

Membership Fee: **\$10.00 per Member** T-Shirt: \$12.00 SM___ MED___ LG___ \$15.00 XL___ 2XL___ 3XL___
Student Membership Fee \$5.00 per Member

Checks payable to DHHS-PTSA Membership(s): _____ T-Shirt(s): _____ Total Cost: _____ Check # _____

DHHS-PTSA hosts at least two events per year, one for staff recognition and the end of the year Annual Senior Party.
I can help by donating: Time Food Gifts Cash Donation

Please list any business that we can contact for school support for the events listed above.

Business Name: _____

Contact Person: _____

Thank you in advance for being involved in the Parent Teacher Student Association at Dixie Hollins High School.