

SABINO HIGH SCHOOL PTSA MEMBERSHIP 2016-2017

Please Print Clearly

Parent/Guardian Name(s) _____

Address _____ Zip Code _____

Daytime Phone # _____ Nighttime Phone # _____

Email Address _____

• **PTSA MEMBERSHIP**

YES, we would like to support the Sabino PTSA. Joining does not obligate you to attend meetings and/or volunteer, although we do welcome your participation! Your membership helps to support the many activities PTSA coordinates in support of the Sabino community.

Type: Parent (P), Student (S), Teacher (T), Support Staff (SS), Grandparent (G) Type Male/Female

_____ \$10 for Individual _____ _____

_____ \$20 for Family (3) members _____ _____

_____ \$25 for Corporate

Note: The Sabino PTSA is a 501 (c) 3 organization

• **VOLUNTEER OPPORTUNITIES**

Name of Volunteer(s) _____

- | | |
|--|---|
| <input type="checkbox"/> Attendance Office | <input type="checkbox"/> Mailings (usually once a month) |
| <input type="checkbox"/> Career Center | <input type="checkbox"/> Saber/Activity Office |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Schedule Pick-up (Summer) |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Staff Appreciation |
| <input type="checkbox"/> Library | <input type="checkbox"/> Textbook Distributions/Collections |
| <input type="checkbox"/> Tutoring ~ Subject(s) _____ | |
| <input type="checkbox"/> Miscellaneous ~ call when needed. I can usually volunteer in the <input type="checkbox"/> Daytime <input type="checkbox"/> Evening. | |

• **PAYMENT SUMMARY**

Please make checks payable to **Sabino PTSA** and bring to Summer Schedule pick-up or mail to:

Sabino High School	PTSA Membership	\$ _____
Attn: PTSA	Hospitality Cash Donation	\$ _____
5000 Bowes Rd.	Lanyards (\$2.00each)	\$ _____
Tucson, AZ 85749	Total Enclosed	\$ _____

..... **For PTSA Use**

Amount Paid \$ _____ Check # _____ Cash _____ Date _____ Initials _____