

**OXON HILL HIGH SCHOOL PTSA  
2009-2010 PTSA MEMBERSHIP FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please enter student name if student is joining the PTSA*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**MEMBERSHIP FEES**

Adults - \$10 per person

Student/Teacher/Staff - \$5.00 per person

Make checks payable to: Oxon Hill High School PTSA

Payment:	_____ @ \$10.00 per Adult	subtotal \$ _____
	_____ @ \$ 5.00 per Student	subtotal \$ _____
	_____ @ \$ 5.00 per Staff/Teacher	subtotal \$ _____

Membership Total \$ \_\_\_\_\_

\$ \_\_\_\_\_ DONATION TO SUPPORT THE OHHS PTSA

For Treasurer's Use: Check Number: \_\_\_\_\_ Check Amount \_\_\_\_\_ Cash: \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES**

Interested in participating? Please check all that apply

Committees:	_____ Program	_____ Fundraising
	_____ Membership	_____ Activities
	_____ Scholarship	_____ Teacher Appreciation
	_____ Phone Tree	_____ Other: _____

Skills/Interest: \_\_\_\_\_

Suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank You For Your Support!**

Please mail membership form and check to:  
Oxon Hill High School PTSA  
6701 Leyte Drive  
Oxon Hill, MD 20745