

CHS PTO MEMBERSHIP

Membership Fee: \$5.00 per person

Name(s):

Member 1: _____

Member 2: _____

Phone: _____

E-mail: _____

_____ Parent

_____ Staff

Child 1: _____ Advisor: _____

Child 2: _____ Advisor: _____

Child 3: _____ Advisor: _____

TOTAL DUE: \$_____

Make checks payable to CHS PTO.
Please enclose this form and money in an envelope and
return to school addressed to the CHS PTO.