

**UNION HIGH SCHOOL PTA \$6.00 YEARLY MEMBERSHIP APPLICATION
2017-2018**

PLEASE PRINT NEATLY

Student's Name: _____ Grade _____

Please list any other children attending **UNION HIGH** in the spaces below.

Name: _____ Grade _____

Name: _____ Grade _____

PTA Member Name: _____ Relationship to Student _____

PTA Member Name: _____ Relationship to Student _____

Street Address: _____

Phone Number: _____

E-Mail Address: _____

Amount Paid: _____ (**\$6.00** per Adult Joining)

Please make checks payable to **UNION HIGH SCHOOL PTA**, and return in a sealed envelope marked **UHS MEMBERSHIP** to the main office. **NO CASH, PLEASE.** If you have any questions please call at **Leslie Laurino (908) 472-7739** llaurino@comcast.net