

# C. W. Baker High School PTSA

## PTSA Membership Form

Membership Dues:     \$6 per adult:     \$4 per student:     \$15 maximum per family

Member #1 Name: \_\_\_\_\_

Email: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

I am a:  Parent/Guardian  Teacher Staff/Admin  Community member  Grandparent

Member #2 Name: \_\_\_\_\_

Email: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

I am a:  Parent/Guardian  Teacher Staff/Admin  Community member  Grandparent

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ (membership dues \$4 or \$15 family)

Email: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ (membership dues \$4 or \$15 family)

Email: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ (membership dues \$4 or \$15 family)

Email: \_\_\_\_\_

Please return form & payment to:

**Baker HS PTSA**

**Attn: Membership**

**29 E Oneida Street**

**Baldwinsville, NY 13207**

Make Checks Payable to "Baker HS PTSA"     \$\_\_\_\_\_ amount enclosed (should not exceed \$15)

\*Membership cards will be emailed upon receipt of payment

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For PTSA Use Only

Amount Paid \$\_\_\_\_\_ Cash or Check # \_\_\_\_\_

Member #1 \_\_\_\_\_ Member #2 \_\_\_\_\_ Member #3 \_\_\_\_\_ Member #4 \_\_\_\_\_

Member #5 \_\_\_\_\_