

WSHS PTSA
 Making a Difference in the Lives of Children



Membership requirements: Minimum of one Parent and one student

Membership Types: Parent / Teacher / Student / Grandparent / Business

Name: _____ Email: _____ Type: _____

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Name: _____ Email: _____ Type: _____

Dues Payment: \$7 X # _____ #Members = \$ _____

Donation: (min \$1 with Paypal use) \$ _____ Circle: Cash PayPal Check

Total: \$ _____ THANK YOU FOR YOUR SUPPORT



I am interested in helping with: hospitality/ ticket sales/ fundraising/ mentor/
 pantry/ scholarship/ create your own _____

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