



SKYLINE PTSA®

Strengthening our community one student at a time.

Parent Name (First member)		
Parent Name (Second member)		
Address:		
City	Zip	Phone ()
Parent's Email :		
Please check box if you do <u>NOT</u> want your information in the Skyline PTSA online directory <input type="checkbox"/>		
Student Name	Grade	
Student Name	Grade	

JOIN Skyline PTSA!

Family Membership with free access to online directory (**\$25**) \$

DONATE to Pass the Hat!

As our major fundraiser, Pass the Hat supports programs such as school events, student recognition, student scholarships, staff grants for classroom needs, and much more! In order to fund all these programs and support our students and staff it costs approximately \$150 per student. Your generous support will enable these programs to continue.

\$500 \$200 \$150 \$100 \$75 Other \$ \$

Check here if your company offers a matching funds program Company Name _____

Please remit one check payable to Skyline PTSA .	Grand Total \$ <input type="text"/>
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Please visit our website at www.skylineptsa.org

Questions: membership@skylineptsa.org

MEMBERSHIP INFORMATION ONLY

Check Number _____ Amount \$ _____ Cash Amount \$ _____
Enter into membership database _____