River Hill High School
2007-2008 PTSA Membership

Student(s) Information (Please print clearly)

Last Name First Name Grade Email Address

1.

2.

3.

Address City Zip Code

Phone Number

Parents' or Adult Guardians' Information (Please print clearly. Your names will appear in directory with student information, unless requested otherwise below.)

Last Name First Name Phone Number Email Address

( ) Do **NOT** include our information in the RHHS Student Phone Directory (only student's name & grade will appear)
( ) Would like a PTSA Membership card (If you do, one will be mailed to you at the address above)

Signature _____ Date _____

PTSA Membership Rates				
One Adult	$12	**OR**	**Two** Adults	$20
____Student(s)	$5 each		____Student(s)	$5 each
Total to RHHS PTSA	_____		*Total to RHHS PTSA*	_____

Make check payable to River Hill HS PTSA. **Membership dues and/or donations are tax deductible.** Your cancelled check is your receipt. Membership in Maryland and National PTA is included in your membership in the River Hill HS PTSA. **STUDENT must be PTSA member to be eligible for RHHS PTSA scholarship**.

Please return this form and check to the front office of RHHS (or to orientation)

River Hill High School
12101 Route 108
Clarksville, MD 21029

PTSA MEMBERSHIP TREASURER

*This information will **not** be sold to outside organizations.*