

**GADSDEN CITY HIGH SCHOOL PTSO MEMBERSHIP FORM**

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Check One:  
INDIVIDUAL MEMBERSHIP (\$5.00) \_\_\_\_\_ FAMILY MEMBERSHIP (\$10.00) \_\_\_\_\_

Additional Contribution to GCHS PTSO (Tax Deductible) - Amount \$ \_\_\_\_\_

Total Amount Attached: \$ \_\_\_\_\_ Check One: Cash \_\_\_\_\_  
Check \_\_\_\_\_ Ck# \_\_\_\_\_

STUDENT NAMES:	GRADE	1 <sup>ST</sup> BLOCK TEACHER
_____	_____	_____
_____	_____	_____
_____	_____	_____

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_____	_____	_____
_____	_____	_____