

# Hollis Brookline High School

## PTSA Membership, 2017-2018

**Membership:** Your involvement and financial support is of great importance to our organization's ability to support programs and activities at HBHS such as staff appreciation, special teacher requests, and substance abuse education.

Member name: \_\_\_\_\_ Parent/Student/Teacher  
(circle one) P S T

Member name: \_\_\_\_\_ P S T

Member name: \_\_\_\_\_ P S T

Member name: \_\_\_\_\_ P S T

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**Newsletter:**

Would you like to receive the PTSA newsletter (via email)? Yes No

If yes, please provide the email address: \_\_\_\_\_

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**Directory:** We rely on the school's database for the information. Please choose:

You may include all information. \_\_\_\_\_

Please omit this information: \_\_\_\_\_

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Please do not include my student(s) in the directory at all. \_\_\_\_\_

With any of these choices, please make sure you return the form with your name on it so the directory's data is appropriately edited. If we do not receive a substantial number of orders we may decide not to publish the directory.

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**Payment:**

Number of memberships \_\_\_\_\_ at \$7 each (teachers/staff \$5) = \_\_\_\_\_

Number of directories \_\_\_\_\_ at \$7 each = \_\_\_\_\_

Additional donation (tax-deductible, thank you!): \_\_\_\_\_

Total enclosed (checks payable to HBHS PTSA): \_\_\_\_\_

Please download and print out this form and return it to HBHS by Friday, 9/22/2017.