

Join your NHS PTSA today!

Naples High School –Parent, Teacher, Student Association

PSC 808 Box 15, FPO AE 09618-0015

Make a difference!

Contact:
Cynthia Fuerst, Chairperson
PSC 827 BOX 10
FPO AE 09617
081 8921532



Name: _____

Date: _____

Address: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Cell Phone: _____

E-mail address will be used to inform you of upcoming PTSA events

Additional Family PTSA Members: (7th grade and older, include last name, if different.)

Circle correct response:

1. _____

Parent Teacher Student (Grade____)

2. _____

Parent Teacher Student (Grade____)

3. _____

Parent Teacher Student (Grade____)

4. _____

Parent Teacher Student (Grade____)

5. _____

Parent Teacher Student (Grade____)

6. _____

Parent Teacher Student (Grade____)

Membership Fees:

_____ Individual Membership (\$6.00)

_____ Family, 2 Members (\$12.00)

_____ Family, 3 Members (\$18.00)

_____ Family, 4 or more Members (\$24.00)

_____ Check (Payable to NHS PTSA)

_____ Cash

With which of the following activities would you be willing to help?

_____ Membership

_____ Publicity/Newsletter

_____ Fundraising

_____ Reflections

_____ Spirit Item Sales

_____ Baking

_____ Teacher Appreciation

_____ School pictures/senior pictures

_____ Scholarships

_____ PTSA room

_____ Spelling Bee

_____ PTSA board next year

_____ Just Call Me to Help Occasionally

PTSA USE ONLY:

Date: _____

Received by: _____

To Membership Chair: _____

Card Issued: _____

ECAPTS pd: _____

To Volunteer Chair: _____

** This form may be turned in at the school office or PTSA room, or mailed to the above address**

Updated 1/08