

Bryan High School PTSO 20__-20__ Membership Form

Names(s) _____ Phone (H) _____
(W) _____

Address: _____

City _____ State _____ Zip _____

Email (Optional): _____
(Optional email reminders sent for monthly meetings and PTSO events)

____ Yes, I would like to be contacted about volunteer needs at Bryan High School.

It is best to reach me ____ during the day, ____ in the evenings at _____.
(Please check day and/or evening) (phone number)

Student Name: _____ Grade _____ 4th Period Teacher _____

If you have additional Bryan High Students, please list below:

Student _____ Grade _____ 4th Period Teacher _____

Enclosed: Family membership (\$10.00) _____ (Please make your check payable to **BRYAN HIGH PTSO**)

FRIENDS of BHS will be recognized for any donation to the PTSO of \$25.00 or more. **This donation is in addition to membership.** Please consider this option as an important way to help PTSO continue to provide assistance for projects that benefit our students and staff. Your help is greatly appreciated!

____ Yes, I/We would like to make a donation in addition to my membership contribution.

My check for \$ _____ is enclosed. Example: \$10.00 Membership
25.00 Friends of BHS donation
\$35.00 Total

You can mail this completed form with your check made payable to: **Bryan High PTSO**
Attn: Membership
3450 Campus Drive
Bryan, TX 77802

Membership Committee use only:

\$10 Membership _____ Check # _____ Cash _____

Friends of BHS donation _____ Check # (if separate) _____ Cash _____

Thanks for supporting our students and staff by joining the Bryan High PTSO!!!!!!