

CENTRAL KITSAP HIGH SCHOOL PTSA

2023-2024 Membership Form



Contact Information:

Name: _____ Second Member Name (Dual): _____

E-mail: _____ Phone: _____

Student Name: _____

Grade _____ Email: _____

*All information remains confidential and will not be sold or given to any other organization

General Membership*:

- | | |
|--|---|
| <input type="checkbox"/> \$15.00 CKHS Staff Membership | <input type="checkbox"/> PSTA Additional Donation \$ _____ |
| <input type="checkbox"/> \$20.00 Single Membership | <input type="checkbox"/> CARES Donation \$ _____ |
| <input type="checkbox"/> \$10.00 Student Membership | <input type="checkbox"/> Class of 2024 Additional Donation \$ _____ |
| <input type="checkbox"/> \$30.00 Dual Membership | <input type="checkbox"/> Class of 2025 Additional Donation \$ _____ |
| <input type="checkbox"/> \$50.00 Hassle-Free Membership (no time to volunteer) | <input type="checkbox"/> Class of 2026 Additional Donation \$ _____ |
| | <input type="checkbox"/> Class of 2027 Additional Donation \$ _____ |

PTSA Sponsorship: (In addition to your PTSA Membership)

Please consider becoming a SPONSOR this year with a minimum gift of \$100 to the PTSA. Your support will help improve our giving this year to our students, faculty, and school. All sponsors' names will be displayed during the year.

Major Sponsor Amount (100% benefits CKHS): \$ _____

Sponsor Name to be displayed: _____

Please make checks payable to **CKHS PTSA** and return to CKHS school office.
 If processing member fees online, members agree to pay credit card fees.
 Membership fees up to \$75 are tax-deduction by the member as are all charitable donations.

General Membership Sub-total: _____
 Major Sponsorship Sub-Total: _____
 Grand Total: \$ _____

VOLUNTEER SURVEY

Please indicate areas of interest and available opportunities.

- Fundraising Events Membership

Office Use Only	Date Rcv'd _____	Cash _____	Check# _____	Charge _____	Amt \$ _____
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