

**2021-2022 West Genesee High School
PTSA Membership Application**

___ Teacher/Administrator/Other Staff Member \$6.00 ___ Parent Member \$6.00 ___ Student \$4.00

NAME(s) Mr/Mrs/Ms _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____

EMAIL ADDRESS _____

CHILDREN'S NAMES _____ GRADE _____



Make checks payable to "West Genesee High School PTSA"
Send this application to school in a SEALED ENVELOPE to the main office marked "PTSA MEMBERSHIP"
If you'd prefer to join online you may do so at:
<https://wghsptsa.memberhub.store/shopping/categories/1724>

Office Use Only: Date Paid _____ Cash/Check Amount _____ Check Number _____

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