



***North Augusta High School
Parent Teacher Association (PTA)
2023-2024 Membership - \$5***

STUDENT(S) NAME _____

PARENTS(S) NAME _____

GRADE _____ PHONE _____

E-MAIL _____

*HOME ADDRESS _____

AMOUNT ENCLOSED \$_____ **CHECK #_____

CHECK IF YOU CAN VOLUNTEER _____ ARE YOU A NAHS TEACHER? YES or NO

**Return the completed form & payment (\$5) in a sealed envelope to the main office. Your membership card will be mailed to your home address.*

***Make Checks Payable to NAHS PTA*

Thanks for your support!