



# Red Raider PTSA

## Membership Form

Are you a new member ?  yes  no Name(s) \_\_\_\_\_

**HAVE FUN!  
GET INVOLVED!**

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone number(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

Student's Name \_\_\_\_\_ & Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ & Grade \_\_\_\_\_

AS A BENEFIT OF MEMBERSHIP YOU WILL RECEIVE A COPY OF THE STUDENT DIRECTORY.

**If you become a member before October 15, the directory will be mailed to your home.**

### I would like to help in the following areas:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Board Member       | <input type="checkbox"/> Reflections       | <input type="checkbox"/> Baccalaureate    |
| <input type="checkbox"/> Rummage sale       | <input type="checkbox"/> Student Directory | <input type="checkbox"/> Grad Party       |
| <input type="checkbox"/> Fund-raisers       | <input type="checkbox"/> Student Planner   | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Staff Appreciation | <input type="checkbox"/> OTHER _____       |   |

**I would like to make a tax-deductible donation of \$\_\_\_\_\_ to PTSA programs.**

**Mail Membership Form and Payment to:**  
 Red Raider PTSA  
 c/o Bellingham High School  
 2020 Cornwall Avenue  
 Bellingham, WA 98225  
 Membership contact: Marla Bronstein  
     phone (360) 676-1808  
     E-mail rrptsa@hotmail.com

No. of members	_____
Amount Due	_____
1 @ \$10.00	
2 @ \$17.50	
Tax-deductible donation	_____
<b>TOTAL</b>	_____