



Marriotts Ridge High School 2008-2009 PTSA Membership

Student(s) Information: (please print clearly)

Last Name	First Name	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents' or Guardians' Information: (please print clearly)

Last Name	First Name	Phone	E-mail address
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL INFORMATION AS YOU WOULD LIKE IT TO APPEAR IN THE MRHS STUDENT DIRECTORY

() Do **NOT** include our information in the MRHS Student Phone Directory (only student's name will appear)

Signature _____ Date _____

PTSA Membership Rates

One Adult	\$15	OR	Two Adults	\$25
___ Student(s)	\$5 each		___ Student(s)	\$5 each
Staff	\$5			
Tax Deductible Contribution to MRHS PTSA (optional)	\$ _____			

Additional Copy of MRHS Student Directory (1st copy complimentary) \$5 each

Total to MRHS PTSA \$ _____

Make check payable to Marriotts Ridge HS PTSA.

Membership dues and/or donations are tax deductible. Your cancelled check is your receipt. Membership in Maryland and National PTA is included in your membership in the Marriotts Ridge HS PTSA.

Please return this form and check to the front office of MRHS: Marriotts Ridge High School, 12100 Woodford Drive, Marriottsville, MD 21104

*This information will **not** be sold to outside organizations.*