Marriotts Ridge High School
2007-2008 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

_____

_____

( ) 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

Tax Deducatble Contribution to MRHS PTSA (optional) $ _____

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.*