

# EISENHOWER HIGH SCHOOL PTSA NEW MEMBER FORM

Prefix: Dr. Miss Mr. Mrs. Ms.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Suffix: Jr. Sr. II III MD PhD

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Above is a: Home Address Business Address

Primary Phone number: \_\_\_\_\_

This is a: Home Phone Business Phone Cell Phone

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

I am a: Student Parent Teacher Staff Member

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

AMT PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_

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