C. W. Baker High School PTSA

PTSA Membership Form

Membership Dues: $6 per adult: $4 per student: $15 maximum per family

Member #1 Name: ________________________________________________________________
Email: ___________________________ Home/Cell Phone: __________________________
I am a: [ ] Parent/Guardian [ ] Teacher [ ] Staff/Admin [ ] Community member [ ] Grandparent

Member #2 Name: ________________________________________________________________
Email: ___________________________ Home/Cell Phone: __________________________
I am a: [ ] Parent/Guardian [ ] Teacher [ ] Staff/Admin [ ] Community member [ ] Grandparent

Student Name: ___________________________ Grade: ________ (membership dues $4 or $15 family)
Email: ___________________________

Student Name: ___________________________ Grade: ________ (membership dues $4 or $15 family)
Email: ___________________________

Student Name: ___________________________ Grade: ________ (membership dues $4 or $15 family)
Email: ___________________________

Please return form & payment to:
Baker HS PTSA
Attn: Membership
29 E Oneida Street
Baldwinsville, NY 13207

Make Checks Payable to “Baker HS PTSA”  $_________ amount enclosed (should not exceed $15)

*Membership cards will be emailed upon receipt of payment

For PTSA Use Only
Amount Paid $_________  Cash or Check # ___________
Member #1 ________ Member #2 ________ Member #3 ________ Member #4 ________
Member #5 ________