

Complete this form and return or mail to the AHS Main Office, Attn: PTSA
(7951 W. 65th Ave., Arvada CO 80004)

AHS PTSA INDIVIDUAL MEMBERSHIP

Adult 1 Member Name: _____ Male / Female
Adult 1 Email: _____ Parent or Guardian / Teacher / Staff / Community

Adult 2 Member Name: _____ Male / Female
Adult 2 Email: _____ Parent or Guardian / Teacher / Staff / Community

Student Name(s):
_____ Grade _____ Email: _____ Male / Female
_____ Grade _____ Email: _____ Male / Female
_____ Grade _____ Email: _____ Male / Female
_____ Grade _____ Email: _____ Male / Female

Membership Year: 2017 /2018 Total # of Members _____ X \$10/member

\$10 per membership **Total Dues:** _____

(make checks payable to AHS PTSA)

AHS After-Prom Committee

I would be interested in working on the After-Prom Committee doing the following:

Donating a prize Seeking food donations
 Set-up Seeking monetary/prize donations
 Help the night of After-Prom Clean up
 Other _____

Name: _____ Student Name(s): _____
Home Phone: _____
Cell Phone: _____