



everychild.one voice

MEMBERSHIP FORM

Please fill out this form and return to a PTSA representative or return to the front office.
MAIL TO: Patricia Castaneda, Treasurer 3860 Central Ave. Indianapolis, IN 46205

1st APPLICANT \$10.00

Parent Teacher Administrator Community Member

Last Name: _____ First Name: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

May we contact you by text? YES NO

2nd APPLICANT \$10.00

Parent Teacher Administrator Community Member

Last Name: _____ First Name: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

May we contact you by text? YES NO

Total enclosed: **\$10.00** (One Member) **\$20.00** (Two Members)

CASH CHECK # _____

Please make your check out to
SHORTRIDGE HIGH SCHOOL PTSA

Thank you for joining the Shortridge High School PTSA.

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