KAISERSLAUTERN HIGH SCHOOL
PARENT TEACHER STUDENT ORGANIZATION (PTSO)

MEMBERSHIP APPLICATION **2020-2021**

MEMBER/PARENT NAME:	
EMAIL:	**PHONE:**

TEACHER/ADMINISTRATION/STAFF? ☐ Yes ☐ No

MEMBERSHIP CATERGORY:

☐ FAMILY $15

☐ ADULT $7

☐ STUDENT $5

TOTAL $_____ *checks payable to KHS PTSO

SPOUSE'S NAME & CONTACT INFORMATION:	
EMAIL:	**PHONE:**

STUDENT(S) NAME	GRADE	STUDENT EMAIL

*please list additional students on the backside

APO/MAILING ADDRESS:

Interested in volunteering? ☐ Yes ☐ No

FOR OFFICE USE ONLY: AMOUNT _____ CASH_____ CHECK_____ #_____

RECEIVED BY: _____ DATE: _____

THIS IS A PRIVATE ORGANIZATION. IT IS NOT A PART OF THE DEPARTMENT OF DEFENSE OR ANY OF ITS COMPONENTS AND IT HAS NO GOVERNMENTAL STATUS.