PSFA Membership/Directory Form 2009-2010

It's important to be aware that your membership dues help your children directly at Allied Health. The dues enable the PSFA to help pay for Student Scholarships, Educational Grants for teachers, Opening Day events for Freshman and more.

Please fill out the membership/directory form below and join the Parent Student Faculty Association of Allied Health. You'll be glad you did!

I want to join the PSFA now (check one): Yes _____ No _____

Do you want to be included in the Student Directory: Yes _____ No _____
(**MUST BE COMPLETED ANNUALLY OR YOUR INFORMATION WILL NOT BE INCLUDED IN THE DIRECTORY!** Please notify the PSFA promptly of any information changes.)

Father's Name: _____
Last First Middle

Mother's Name: _____
Last First Middle

OR
Guardian Name: _____
Last First Middle

Address: _____

Town: _____ Zip: _____

Home Phone: _____ Home Email:_____

Please list:
Student Name: _____ Grade: _____

Student Email & Phone: _____

Student Name: _____ Grade: _____

Student Email & Phone: _____

Membership Dues Options: _____ Four Year Membership = $80.00
(Please check one) _____ One Year Membership = $20.00

Check # _____ (make payable to AAHS-PSFA)

Revised 12/1/09