



Sammamish High School PTSA (07-08)

Name: _____

Name (2nd member): _____

Children @ SHS (names): _____

Address: _____

Phone: _____ email: _____

Please print this form and return it to the school office Attn: PTSA with the applicable membership fee:

___ \$15 (individual member) ___ \$ 30 (Family - 2 adults, same household)

___ \$ _____ (additional donation)

___ Yes, Please sign me up to receive the Sammamish Newsletter in Electronic Format

Contact Sue Cedarleaf at (425) 641-5241 or brwneyes27@earthlink.net with questions.



Please Join today and support us in our Commitment to improve Communication in our Community!

