



2016-2017 PTSA Membership Form

Join the nation's oldest and largest child advocacy association for only \$10. We share a commitment to improving the education, health and safety of all children. Through this commitment and the PTA Mission to make every child's potential a reality by engaging and empowering families and communities to advocate for all children, we can collectively influence the decisions that affect all children. 100% of the profit from each PTSA membership will stay at Hale and be used for the students and teachers at Hale!

What does the Hale PTSA do?

- Provide opportunity for parents, students, and teachers to engage in a dialog with school administration on a monthly basis.
- Provide a healthy snack for students during state-mandated testing.
- Reflections Program for students to compete through Art, Photography, Music, Literature & Dance
- We help support various groups at Nathan Hale both financially and through our volunteer time
- Fund assemblies for students that are designed to address current issues as well as educational and motivational venues.
- We provide 3 student scholarships a year for graduating seniors
- Mini grants for teachers when they need items not included in their budget
- Teacher appreciation throughout the year, such as dinner during Parent-Teacher conferences

Please make checks payable to "Hale PTSA" in the amount of \$10 per individual membership. Now you can visit our website and join online at www.haleptsa.org.

Name: _____

Address: _____
 Street City State Zip

Phone # _____

Email address: _____

I am a Parent Student Teacher Staff Member Administrator Community Member

Please let us know how you would like to receive your membership card:

In Person Pick-up in School Office U.S. Mail (please provide a self-addressed, stamped envelope).

For Membership Use Only: Date Received	____/____/____	<input type="checkbox"/> Check #	_____	<input type="checkbox"/> Cash Amt. Rec'd. \$	_____
Membership Card Issue Date	____/____/____	Log Date	____/____/____	Dues Remit to State	____/____/____

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