OFFICE USE: Cash Check PayPal/Credit Card Completed by \_\_\_\_\_



	A. Family Information: Please print legibly	
	Parent #1 First & Last Name:	Phone:
	Email:	
	I am interested in receiving information about volunteer opportunities.	
	Parent #2 First & Last Name:	Phone:
	Email:	
	I am interested in receiving information about volunteer opportu	unities.
	Student #1 First & Last Name:	Grade:
	Student #2 First & Last Name:	Grade:
B. Total	B. Adult PTSA Membership for 2019-2020 (\$9 each)	
Φ	Parent #1 Name (\$9):	
\$	Parent #2 Name (\$9):	
C. Total	C. Student PTSA Membership for 2019-2020 (\$5 each)	***Student PTSA members receive a HMS
_	Student #1 Name:	decal & are invited to attend Student PTSA
\$	Student #2 Name:	meetings that meets monthly throughout school year during FOCUS.
D. Total	D. Bronco Buck Donation (tax deductible)	***Bronco Buck donations fund TEACHER GRANTS
	<b>\$25</b> (Suggested donation for one HMS student)	for classroom support. 100% of Bronco Buck donations go to our teachers. Donor names will be
\$	<b>\$40</b> (Suggested family donation for 2 or more HMS students)	recognized on a banner in the HMS SAC.
<b>ə</b>	Other Donation Amount: \$5 \$10 \$20 \$50	\$75 \$100 Other
Grand	Place Cash or Check Payment in an envelope labeled HMS PTSA.  Make checks out to HMS PTA.  Turn in membership/bronco bucks form to the HMS main office.	
Total		
\$		
	Contact HMSmemberhsip@BroncoPTSA.org with questions.	
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Tax ID: 75-2430844 Mailing Address: 5300 Heritage Ave Colleyville, TX 76034