

Shaker High PTSA Membership Form

Please use this form to join the SHS PTSA
Please bring the form to the PTSA table or mail the form back to school:
SHS PTSA, 445 Watervliet Shaker Rd. Latham, NY 12110

Name: _____ Phone #: _____

Child's Name: _____ Homeroom # _____

Address: _____

City/State/Zip Code: _____

email address _____

PTSA Membership: \$10.00 _____

Check #: _____ **PLEASE DO NOT MAIL CASH**

_____ I would like to help out in some way, please call me