



As member of the NGHS PTSO, you are showing support for your student(s), the school staff, and school programs in an effort to enhance the education experience. Also, as member of NGHS PTSO you agree to abide by the established bylaws.

Please fill form completely and deliver or mail with full payment to the NGHS Main Office at the above address in a sealed envelope addressed to the NGHS PTSO. Make checks payable to NGHS PTSO. DO NOT MAIL CASH.

MEMBERSHIP							
Indicate Period of Membership (example: 2015 – 2016):							
Names:							
Indicate If:	Parent	Teacher	Student	Parent	Teacher	Student	
Check Office(s) if interested in serving on the Executive Board:	President		Vice President		President		Vice President
	Secretary		Treasurer		Secretary		Treasurer
Email:							
Telephone #:							
NGHS Student Name:						Grade:	
NGHS Student Name:						Grade:	
NGHS Student Name:						Grade:	
I _____ AGREE / _____ DO NOT AGREE to photographs of my son/daughter for use in the publicity of NGHS & THE NGHS PTSO.							

COMMITTEES (Check if interested in volunteering for any of the following)	
Financial Audit	Fundraising
Publicity & Communication	Membership & Welcoming
Student Enrichment	Nominating (work to fill Officer vacancies)
Special Events & Activities (includes Teacher Appreciation)	Other Specify
Career/Informational Speaker (describe your area of expertise that may qualify you to speak to a class and/or school club):	

MEMBERSHIP DUES	
Indicate DUES that apply:	\$10.00 Single      \$25.00 Family
Additional DONATION Amount (if any): \$ _____	If you have a preference, indicate the committee, program, or event to apply your donation:
TOTAL PAYMENT AMOUNT: \$ _____	_____ SIGNATURE      _____ DATE:

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