



**Squalicum High School  
PTSA Membership 2018-2019**



Welcome Back! We encourage you to join and support your **SQHS Parent/Teacher/Student Association!** Membership dues, fundraising, and volunteers enable SQHS PTSA to provide needed resources that support student learning and activities. Our SqHS PTSA meetings are for everyone. **Our first PTSA general meeting is September 10 th, 2018 at 7pm** in the library. We keep our business meetings short, at 20-30 minutes, followed by a featured program on a topic of interest to parents. If you have any topics of interest....please email [stormptsa@gmail.com](mailto:stormptsa@gmail.com). Thank you!

Meetings for the remainder of the year are October 1st, November 5th, February 4,th April 8th, May 6th, and June 10th in the school library. Always check SQHS calendar for updates.

The PTSA uses the volunteer program, **Sign-Up Genius**. This program is used to communicate community needs. Database information is kept confidential and used only for SqHS PTSA business.

Annual PTSA parent/guardian membership is **\$15 per individual or \$25 per couple**. This includes a school directory that will be mailed to your home in the fall. Included in your membership is information and discounts through our Washington state PTA organization. All students are honorary members.

**Payment due by October 1, 2018.**

**Online PTSA Membership is available at <http://www.pt-avenue.com/join>**

**Please make checks payable to SQHS PTSA.**

Drop off in an envelope in the PTSA box (outside the door to the ASB window) or mail

Primary Member: \_\_\_\_\_ \$15/Single  
                             First Name                      Please Print Clearly                      Last Name

Spouse/Partner: \_\_\_\_\_ \$25/Couple  
                             First Name                      Please Print Clearly                      Last Name

Preferred Phone: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Drop off in an envelope in the PTSA box (outside the door to the ASB window) or mail to:  
 SQHS PTSA Membership, Squalicum High School, 3773 E. McLeod Rd., Bellingham WA. 98226

**Student Phone Directory**

If you have an UNLISTED/UNPUBLISHED telephone number, please sign below giving us permission to include it in the Student Directory.

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Questions? Please contact Laurie kamkoff at [sqhsmembership@gmail.com](mailto:sqhsmembership@gmail.com)**