



HSB Dallas PTO - Membership Form

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2014-2015 School Year Membership

STUDENT NAME	GRADE

MEMBER 1:

First Name: _____ Last Name: _____

Cell Phone: _____ Home Phone: _____

Zip Code: _____ Email: _____

Language Preference: _____ Relationship to Student: _____

MEMBER 2:

First Name: _____ Last Name: _____

Cell Phone: _____ Home Phone: _____

Zip Code: _____ Email: _____

Language Preference: _____ Relationship to Student: _____

Membership fee is \$10 per adult member.