

L.C. Bird High School
Parent Teacher Student Organization
MEMBERSHIP ENVELOPE



Membership Dues - \$5.00 per person
(enter # in appropriate box)

Parent Name(s): _____, _____ **X \$5 =** _____

Student Name: _____ **1st Period Teacher** _____ **X \$5 =** _____

Teacher Name(s): _____, _____ **X \$5 =** _____

Other Name(s): _____, _____ **X \$5 =** _____

If you would like to receive communications from the Bird PTSO, please provide your e-mail address: _____

*Please make check payable to the Bird PTSO.
Leave in main office at Bird HS. Thank you!*

Phone # _____

Total Dues for Membership(s)