

2019-20 Rock Bridge PTSA Membership and Volunteer Form

Membership dues & donations are 100% tax deductible

Adult Member (\$9.00)		
Name: _____		
Contact Phone #: _____	Email: _____	
Membership Type (circle one): Parent/Guardian Grandparent/Relative Faculty/Staff		
Student(s) at RBHS:	Name: _____	Grade: _____
	Name: _____	Grade: _____
	Name: _____	Grade: _____
VOLUNTEER OPPORTUNITIES (check all that apply)		
<input type="checkbox"/> Teacher Appreciation - provide a food item or assist with set up for teacher appreciation events		
<input type="checkbox"/> Chaperone - assist with school dances or other events		
<input type="checkbox"/> General Volunteer - lend a hand with other needs that arise		
<input type="checkbox"/> Concession Stand Volunteer		

2nd Adult Member (\$9.00)		
Name: _____		
Contact Phone #: _____	Email: _____	
Membership type (circle one): Parent/Guardian Grandparent/Relative Faculty/Staff		
VOLUNTEER OPPORTUNITIES (check all that apply)		
<input type="checkbox"/> Teacher Appreciation - provide a food item or assist with set up for teacher appreciation events		
<input type="checkbox"/> Chaperone - assist with school dances or other events		
<input type="checkbox"/> General Volunteer - lend a hand with other needs that arise		
<input type="checkbox"/> Concession Stand Volunteer		

Student Members (\$6.00 each)	
1) Name: _____	Email: _____
Contact Phone #: _____	Grade: _____
2) Name: _____	Email: _____
Contact Phone #: _____	Grade: _____

Business Membership (\$15.00)	
Business Name: _____	Member Contact: _____
Address: _____	Contact Phone #: _____

Number of Adult Memberships	_____ x \$ 9.00 = \$ _____
Number of Student Memberships	_____ x \$ 6.00 = \$ _____
Number of Business Memberships	_____ x \$15.00 = \$ _____
***** ROUND UP FOR ROCK BRIDGE! *****	\$ _____

(Donations help support TEACHER SUPPLIES, staff appreciation, parent/student/classroom programs, student activities, scholarships & more)

TOTAL \$ _____

Attach cash or check made out to RBHS PTSA. Check # _____ Cash Receipt # _____

**PLEASE RETURN THIS FORM &
YOUR PAYMENT TO:**

RBHS PTSA
C/O Rock Bridge HS
4303 South Providence Road
Columbia, MO 65203

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