



***Felix Varela PTSA 2019-2020 Membership form***  
***Membership fee \$10.00***

***Member information:***

***Name:*** \_\_\_\_\_

***Email address:*** \_\_\_\_\_

***Mobile phone number:*** \_\_\_\_\_

***Membership type: (circle one)***

***Parent/Guardian***

***Student***

***Faculty***

***Other***

***If Parent/Guardian, please provide student's name and ID number:***

\_\_\_\_\_  
\_\_\_\_\_

***Cash: \$*** \_\_\_\_\_ ***Check: \$*** \_\_\_\_\_

***Check Number: #*** \_\_\_\_\_ ***Donation: \$*** \_\_\_\_\_

***Checks made payable to Felix Varela Sr. High PTSA***

***I would like to volunteer:***      ***Yes***      ***No***