



CHS PTSA Membership Form 2022-2023

Research has shown that academic achievement among students is higher in schools with active PTSA's. The PTSA's mission is to make every child's potential a reality by engaging and empowering families and communities to advocate for and support all children. The CHS PTSA undertakes initiatives with students, staff, and parents at Centennial High School to help all students succeed at school and beyond. Please support this effort by joining, volunteering, and/or donating to the CHS PTSA!

Your PTSA membership helps support/provide:

- | | | |
|---------------------------|---------------------------|-------------------------------|
| Scholarships | CHS After-Prom Party | Student Directory |
| Classroom Enrichment | SAT and ACT Prep Classes | HC Drug Free Events |
| Staff Appreciation Events | Staff Recognition Award | CHS PTSA Website & Newsletter |
| Student Assemblies | After School Activity Bus | Parent Education |

+ 6 Parent Advocacy Groups: Chinese Assoc.; Indian American Parents at Centennial; Korean American Parents Assoc.; Latin American Council; Parent Council for Black Students; Centennial Rainbow Coalition

JOIN THE CHS PTSA AND MAKE A DONATION!

To join, please go to <https://www.chs-ptsa.org>, use the QR code, or complete the form below.

Did you know that a full \$4.25 of each membership goes directly to the Maryland & National PTA structures? Visit www.pta.org/benefits to view the many benefits of membership! CHS's ID is 00016194.



Membership: Parent \$15 x _____ = \$ _____
 Student/CHS Staff \$10 x _____ = \$ _____

Tax-deductible donation* (Please consider donating, any amount will help!!!): \$ _____

TOTAL \$ _____

***Additional Donation:** While only about 1/2-2/3 of your membership fee will directly benefit the CHS PTSA, **100% of any donation stays at CHS and all donations are tax deductible.** Donations are **ABSOLUTELY CRITICAL** to the PTSA's capacity to carry out its work!

Parent #1 Name: _____

Parent #2 Name: _____

Student #1 Name: _____ Grade: _____

Student #2 Name: _____ Grade: _____

Preferred Email for All General Membership Communications: _____

Is there a Parent Advocacy Group you'd like to be part of (see list above)? _____

Return completed form and check (made out to CHS PTSA) to the school's front office or mail to:

CHS PTSA Membership, 4300 Centennial Lane, Ellicott City, MD 21042
Questions? Please contact Anne Sellers at awsellers@hotmail.com

FOR OFFICE USE ONLY

DATE REC'D: _____ CASH: _____ CHECK#: _____