



CHS PTSA Membership Form 2026-2027

Research has shown academic achievement among students is higher in schools with active PTSAs. 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 or provide:

Scholarships	CHS Homecoming / After-Prom events	HC Drug Free Events
Classroom Enrichment	SAT and ACT Prep Classes	After School Activity Bus
Staff Appreciation Events	Staff Recognition Award	Parent Education

6 Parent Advocacy Groups: Chinese Association at Centennial (CAAC); Indian American Parents at Centennial (IAPC); Korean American Parents Association (KAPA); Latin American Council (LAC); Parent Council for Black Students (PCBS); Centennial Rainbow Community (CRC)

JOIN THE CHS PTSA AND MAKE A DONATION!

To join, go to <https://chsec.givebacks.com/shop> or scan the QR code to use the online store
OR complete the form below and mail or send it with your student to the school's front office.

In addition to all the items mentioned above, your CHS PTSA membership also supports Maryland and National PTA structures! \$5.25 of each membership goes directly to those organizations. Visit www.pta.org/benefits to view the many benefits of membership!

Membership Types:	Parent	\$25 x _____ =	\$ _____
	Student/CHS Staff	\$10 x _____ =	\$ _____

Join our winning team with
a Tax-deductible donation*:

Gold (\$100) _____ Silver (\$75) _____ Bronze (\$50) _____ Other _____ = \$ _____

TOTAL Check Amount made out to CHS PTSA \$ _____



* Donations are CRITICAL to allow the CHS PTSA to carry out our work! 100% of any donation stays at CHS and is tax deductible.

Member #1 / Parent #1 Name: _____ Cellphone: _____

Email: _____ (Please provide an email we can use to contact you)

Member #1 / Parent #2 Name: _____ Cellphone: _____

Email: _____ (Please provide an email we can use to contact you)

Student #1 Name: _____ Grade: _____

Student #2 Name: _____ Grade: _____

Student #3 Name: _____ Grade: _____

Interested to being part of a **Parent Advocacy Group**? Available to **volunteer** for board or committee positions or to simply help with events? Let us know!

CHS PTSA Membership, 4300 Centennial Lane, Ellicott City, MD 21042

Questions? Please contact vp-membership@chs-pts.org

CHS PTSA Tax ID 52-1365931