

MEMBERSHIP FORM

PA USE ONLY	
Date Rec'd	_____
Date Logged	_____
<input type="checkbox"/> Decal	
<input type="checkbox"/> Directory	

Student Name: Last _____ First _____ Grade _____

Student Name: Last _____ First _____ Grade _____

Student Name: Last _____ First _____ Grade _____

Parent(s) Name: Last _____ First _____

E-mail Address: _____ Phone # _____

Parent(s) Name: Last _____ First _____

Membership Fee

(per Family / Includes one (1) School Directory) \$ **50.00**

Extra Directory (\$10.00 each) x _____ copies = \$ _____

Additional Donation to _____ \$ _____

Total Amount Due \$ _____

Method of Payment (Checks payable to St. Francis School)

_____ Cash Check # _____

Charge My: _____ Visa _____ MC _____ AX

Account Number _____

Code _____ Expiration (mo/yr) _____



Mailing Address for Credit Card Holder

Signature _____

Questions? Please call Saint Francis High School—(678) 339-9989 x0

Please return completed PA Membership Form with payment to:
St. Francis High School | Attn: SFHS PA | 13440 Cogburn Rd. | Alpharetta, GA 30004