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YOU ARE INVITED TO JOIN

_____ PTA/PTSA, an affiliated unit of the Washington State PTA and the National PTA. Make your check payable to: MTHS PTSA. Your annual membership fees are \$20 per parent/guardian and \$10 for student or staff member. Please return payment and form in an envelope to the school with your student or mail to Mountlake Terrace High School, 21801 44th Ave W., Mountlake Terrace, WA 98036

LAST NAME _____ FIRST NAME _____

LAST NAME _____ FIRST NAME _____

PHONE _____ EMAIL _____

ADDRESS _____

CITY _____ ZIP _____

STUDENT'S NAME _____

STUDENT'S NAME _____