

PHUHS ClubMEDICAL

Membership Form: Join Each Year to be Eligible!

PAREN	STUDENT NAME: Grade: Email: 2 nd STUDENT NAME (if applicable) Grade: Email: TS NAMES:):				
	Phone: Email: Street Address: City:		Alt. Email:			
Please join a □ Family: □ Stat:	at level you can help with: \$ 30 / \$50 (2 or more kids) \$ 100 (+Free Medical Tshirt) slue: \$ 250 (+Tshirt + Tumbler)			ess name		ld appear:
(Minimum \$50 Note: Higher students/ fan toward schold Scholarship d	\$ 500 (+Tshirt + Tumbler + Sweatshirt) Donation toward Student Scholarships 100) \$ Ilevel membership allows us to help more Inilies unable to contribute. Additional donation 101 arship will be awarded in the same school year. 102 onations by families will be kept anonymous 103 vise requested.		☐ Silver: ☐ Gold: Note: Marketing a tailored to your be Joining as a busing	usiness obje	(receive recog email signatur (receive recog email signatur feat on of your cont ectives.	logo tumbler) nition at parent meetings, res, and logo tumbler) nition at parent meetings, res, logo tumbler and ure in yearbook) rribution can be r booster membership.
	erships & sponsorships directly sup ble at online store PHUHS.org under					
Cred Nam Billin	nent Method (circle one): Charge \$ ck: Payable to "PHUHS CWMP" Return by mail: PHUHS ClubMEDIG dit Card: Return by mail (see above) of it Card # e on Card: g Address:	CAL, 1900 or email:	Omaha St., Palı phuhsmmMeml Exp. D Signatu	m Harbor ber@gma Pate: re:	; FL 34683 nil.com	CID

Questions? Want to help?: phuhsmmP@gmail.com or phuhsmmVol@gmail.com

ClubMEDICAL (official name, PHUHS CWMP Booster Club) is a 501C3 non-profit organization. Membership is open to all families and is voluntary. ClubMEDICAL support is provided equally to all students regardless of membership status. Membership is required to qualify for senior scholarship consideration.