



**PLEASE JOIN THE NOHS PTSA AND SUPPORT THE PTA AT THE  
DISTRICT, STATE AND NATIONAL LEVEL**

**Provide the information requested below and return to the school in an envelope  
marked NOHS PTSA. Checks should be made payable to NOHS PTSA.**

**(please print legibly)**

NAME \_\_\_\_\_ adult student

NAME \_\_\_\_\_ adult student

NAME \_\_\_\_\_ adult student

\_\_\_\_\_ **Total # of NOHS PTSA Memberships at \$3.60 each**

\_\_\_\_\_ **Total Amount of Money Paid**

**Please make checks payable to NOHS PTSA**