



PTSSO MEMBERSHIP 2017-2018

You are cordially invited to join the South County PTSSO. **What will your membership dues pay for?** When you join the PTSSO, 100% of your membership dues stay within the school to support a wide variety of South County programs, such as academic awards and enrichment programs, honor societies, club support, science fair, scholarships, health and safety programs, staff development and appreciation programs, and much more; all of which benefit our students, faculty and staff. For more information about these and other PTSSO-sponsored programs, visit www.southcountypssos.org. Membership dues are the main source of revenue for the PTSSO. Thank you for showing your support by joining!

❖ **To join the South County PTSSO, please complete the info below and return it with your payment as follows.**

- Mail your membership with **checks only**, payable to **South County PTSSO**, to the Membership Chairperson:
Priti Patel – 9207 Silverline Dr. Fairfax Station, VA 22039 OR
- Bring your membership to Stallion Stampede, Back-to-School Night or drop it off in the front office at school.
- You can also join online by visiting www.southcountypssos.org

❖ **SCHS Student Directories are FREE with your PTSSO Membership.**

Today's Date: _____

Adult Member's Name: _____

Additional Adult Member's Name: _____

Additional Student Member's Name: _____ Grade: _____

Additional Student Member's Name: _____ Grade: _____

Street Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Email Address(es)-- (please print clearly)—for PTSSO use only; it will never be sold or given away.

Payment Information:

MEMBERSHIP	QTY	COST	TOTAL
FAMILY (2 adults/same address + student(s))		\$35.00 each	
ADULT		\$20.00 each	
STUDENT		\$ 5.00 each	
SCHS FACULTY/STAFF		\$ 5.00 each	
ADDITIONAL DONATION TO THE PTSSO		\$	
<i>Make checks payable to South County PTSSO</i>		Total Amount Due	

If your check is dishonored or returned for any reason, we will electronically debit your account for the amount of the check plus a processing fee of \$50.

Office Use Only

Check Number _____

Check Amount _____

Cash Amount _____

OPTIONAL: If you would like to help earn funds for SCHS, please provide your Giant Bonus Bucks Card number below.
Giant Bonus Card Number: _____