

Edmonds -Woodway High School Parent Staff Organization

MEMBERSHIP REGISTRATION FORM

Please return this completed card by dropping it off in the Main Office or mailing it to:

EWHS PSO 7600 212th St. SW, Edmonds, WA 98026.

Make checks payable to EWHS PSO

Membership meetings take place in the Library on the **1st Monday** of each month at **7:00 p.m.**
It's **News You Can Use**, so get involved, meet other parents, enjoy the benefit of excellent guest speakers, help decide where the money goes **and feel good!**

Get connected now at www.ewpso.org!

Your Name: _____
(Last) (First)

Address: _____
(City) (Zip Code)

Phone No's: _____
(Home) (Cell) (Work)

Email: _____
Your email will be shared with the Main Office to allow you to receive Weekly Updates from the Principal's Office

Student Name/Grad Yr: _____ Student Name/Grad Yr: _____

_____ I am including my \$20.00 Membership Fee Today's Date: _____

_____ I would like to be a Registered PSO Member, but I am unable to pay the Membership Fee at this time.

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