

Red Bank Regional High School Parent-Teacher Organization
2010/2011 Membership Card

Primary Residence: Parent/Guardian Name _____
Address _____
Home Phone _____ Cell Phone _____

Secondary Residence: Parent/Guardian Name _____
Address _____
Home Phone _____ Cell Phone _____

Family Email:
(To be used for PTO communication ONLY) _____

Student Name(s) & Grade Levels:
Name _____ Gr. _____ Name _____ Gr. _____
Name _____ Gr. _____ Name _____ Gr. _____

I would like to volunteer with the PTO ____ yes ____ no

Please include our family in the 2010/2011 RBRHS school directory. ____ yes ____ no
(The PTO provides all RBRHS families with a student directory. Directory listings are restricted to paid PTO members.)

_____ My \$10 Membership fee is enclosed.

Please return this card to school, along with your \$10 Membership fee, or mail to: RBRHS, c/o RBRHS PTO,
101 Ridge Rd., Little Silver, NJ 07739. Membership cards must be returned by Friday, September 24th.

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