



Return in person, via your child, or mail to MHMS PTO, 250 Tamarack Dr., Suite 102, Union City, CA 94587

MHMS PTO

Membership Form

PLEASE PRINT

Parent /Guardian Name(s) _____ Date _____

Street Address _____

City State Zip _____, _____, _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email Address (es) _____ / _____
(for newsletters only)

Contact preference: Email ____ Mail ____ Home Phone ____ Cell Phone ____ Work Phone ____

Student(s) Name _____ Students Grade _____

Student(s) Name _____ Students Grade _____

Student(s) Name _____ Students Grade _____

Just keep me informed _____ or I'm interested in helping, please see School Volunteer Form _____