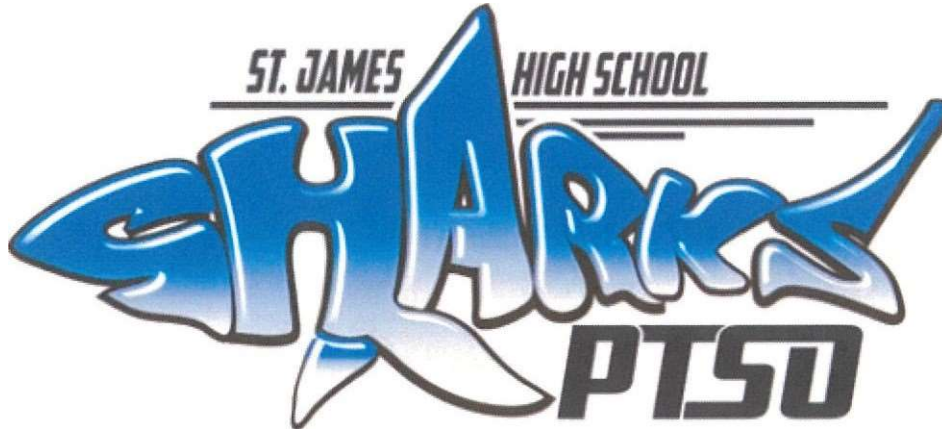


2023 - 2024
PTSO MEMBERSHIP



\$10

DATE _____

STAFF NAME _____

CASH _____

CHECK # _____

DATE RECEIVED _____

CASH _____

CHECK # _____