

PHUHS ClubMEDICAL

Membership Form: Join Each Year to be Eligible!

STUDI	ENT NAME:			T	oday's Da	ate:/	_/
	Grade:						
2 nd ST	UDENT NAME	(if applicable):				
	Grade:	Email:					
PARENTS NAM	ES:						
Email:			Alt. Email:				
Street A	Address:			Zip			
City:			_ State	: Zip			
MEMBERSHIP				SPONSORSHIP			
Family name as it should appear:				Business name as it should appear:			
Please join at level you can help with*:			+	Please pick level you can help at**:			*:
☐ Entry-Leve	l: \$ 30 /	\$50 (2+kids)	•	☐ Code Bror	ıze:		\$ 250
☐ Stat:	\$ 100	, , ,		☐ Code Silve			\$ 500
☐ ER:	\$ 200			☐ Code Gold			\$ 750
☐ Code Blue:	•			☐ Code Plati			\$1,000
☐ Specialist:	•			_ code i lati			Ψ±,000
☐ Lifesaver:							
				**Note: Market	-		
*Note: Joining at a higher level allows us				contribution tailored to your donation level and			
to help more kids/families who are unable to contribute. Also qualify for swag!				your business objectives. Also qualify for swag!			
	-		-	edical Magnet s DICAL" (medica			
Payment Me	thod (circle o	ne): Charge \$	\$	Check #	\$	Cash \$	
Check: Pava	able to "PHUHS	CWMP"					
			CAL, 190	Omaha St., Paln	n Harbor, I	FL 34683	
Credit Card	!: Return by ma	ail (see above)	or email:	phuhsmmMeml	per@gmai	l.com	
Credit Card #				Exp. Date: CID			
Name on Card:				Signatur	e:		
Billing Addros	c·						

Questions? Want to help?: phuhsmmP@gmail.com or phuhsmmVol@gmail.com

ClubMEDICAL (official name, PHUHS CWMP Booster Club) is a 501C3 non-profit organization. Membership is open to all families and is voluntary. ClubMEDICAL support is provided equally to all students regardless of membership status. Membership is required to qualify for senior scholarship consideration.