

BBH HIGH SCHOOL PSO 2024-2025 MEMBERSHIP FORM

Complete this form and send it with your payment, made payable to BBH HIGH SCHOOL PSO,
to the school office in an envelope marked PSO MEMBERSHIP or mail to:
BBH HIGH SCHOOL PSO MEMBERSHIP, 6380 Mill Road, Broadview Heights, OH 44147

_____ \$5 BBHCSD Teacher/Staff Membership

_____ \$10 Family Membership (for up to 4 parents and/or legal guardians, step-parents,
grandparents of current BBH students)

_____ Additional Donation \$ _____

Parent/Guardian/Staff Name	Email & Facebook Name	Phone Number

Student Name(s) & Grade(s) _____

For Office Use Only:

Check #: _____

Cash: _____

Date: _____

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