BBH HIGH SCHOOL PSO 2026-2027 MEMBERSHIP FORM

Please 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:* _____