

## ***2022-2023 TRIANGLE HSA MEMBERSHIP FORM***

### **1. Triangle HSA Family Membership \$15.**

**PLEASE PRINT NEATLY!**

<b>Parent(s) Names <u>first and last</u></b>	<b>Email Address *will be added to HSA group email list</b>	<b>Address</b>	<b>Home Phone Number</b>
Parent 1/Guardian			
Parent 2/Guardian			

<b>Child(s) Name(s) <u>First and Last</u></b>	<b>Teacher</b>	<b>Grade</b>

**I would like to be a member of the Triangle HSA and give my permission to distribute the above information in the Triangle School student directory.**

**Please return to school by September 23rd in an envelope labeled "HSA."**

**Please pay cash or make checks payable to Triangle HSA. Thank you for your support!**