

2026-27 PHSA Membership Form

Please mail completed form to : PHSA PO BOX 342 Pilot Rock, OR 97868

OR give to any board member.

*****PLEASE fill this form out completely. All information is needed for returning members, as well as new members.*****

Parent's Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Cell Phone: _____

I want to join the Secret PHSA Facebook Page: Yes/No Group texting to my cell phone is acceptable: Yes/No

Everyone will receive a digital PHSA directory.

Children's Names: DOB Age: Sports*

*** To participate in the sports program the child must turn nine by May 31st. The parents of participating sports families are required to facilitate a sports activity.**

The PHSA Bylaws require every family to assist/organize at least one activity per year.

Membership Fee July 1- June 30	\$25.00	
Early Bird Membership Fee July 1- July 31 (Mailed by July 31 st)	\$20.00	
Sports Fee per participating family.	\$25.00	
Friends of PHSA Fee (Pre-Approval Required)	\$10.00	
	Total	

Mark one subscription type, plus sports, if participating: ****Checks and money orders made out to PHSA only**

please. Any returned check fees levied against PHSA will be the responsibility of the check writer to pay. **** I (we), the undersigned, have read and agree to uphold the bylaws of the Pendleton Home School Association and I (we) acknowledge that any photograph or video taken of my family participating in PHSA activities may be used for outreach, education, or documentation by PHSA. By my signature below, I (we) agree to hold harmless, release, and indemnify PHSA, its officials, and volunteers from liability for property damage and/or personal injury resulting from my(our) participation in PHSA.**

Signature: _____