



Clear Horizons Early College
High School (CHECHS)
Booster Club
STUDENT MEMBERSHIP



NAME: _____

GRADUATION YEAR: _____

E-MAIL ADDRESS: _____

AGE (16+): _____

PHONE: _____

PAYMENT OF \$5: CASH, CHECK, Credit Card (please circle one for form of payment)

Please return completed form and \$5 payable to CHECHS Booster Club (forms can be turned into the CHECHS School office after being placed in an envelope or staple payment to form). Also, please send an e-mail to chechs@live.com to register your e-mail address with the CHECHS Booster Club.

----- separate here -----

This is your receipt:

CHECHS Booster Club Email: CHECHS@live.com

Amounts received for \$ _____ [Student Membership]

Date _____