

**OAK GROVE HIGH SCHOOL PTO
Faculty/Staff Membership Form
\$10.00**

NAME _____

ADDRESS _____

CITY _____ **STATE: MS** **ZIP CODE** _____

HOME PHONE _____ **CELL NO.** _____

EMAIL ADDRESS _____

Please make checks payable to:

**OGHS PTO
P O BOX 17874
HATTIESBURG, MS 39404-7874**