

## Lake Howell High School PTSA Membership Application 2017-2018 School Year

Cost: \$7.00 per Membership

Date: \_\_\_\_\_

*Please print legibly*

	First Name	Last Name	E-Mail	Amount
Student/Grade:___				\$
Student/Grade:___				\$
Student/Grade:___				\$
Faculty/Teacher				\$
Business				\$
Parent/Guardian				\$
<i>Please add <b>membership@lhhsptsa.org</b> to your contact list.</i>			<b>Donation:</b>	\$
			<b>Total Due:</b>	\$

Please return form and cash/check payment to LHHS - Front Office.

**Would you like to assist the LHHS PTSA?** Involvement is suited to **your** availability; anywhere from occasional event support, to donation of supplies, to serving on the local PTSA.

Any assistance you can offer to support the Lake Howell High School community is appreciated!

Yes, I want more info on helping out. I am generally available: Name: \_\_\_\_\_  
Days: M Tu W Th F Sa     Daytime     Evening    Phone: \_\_\_\_\_

**Internal Use Only**

Cash [    ]  
Ch# [    ]  
Card [    ]

**Thank you for your support!**

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