

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 membership@lhhsptsa.org to your contact list.</i>			Donation:	\$
			Total Due:	\$

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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Thank you for your support!