**Lake Howell High School PTSA Membership Application**

2015-2016 School Year

Cost: $5.00 per Membership **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Please print legibly***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name  | Last Name | E-Mail | Grade/Parent/Faculty | Amount |
|  |  |  |  | $  |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  | **Donation:**  | $ |
| *Please add* *LakeHowellHighPTSA@gmail.com* *to your contact list.* | **Total Due:** | $ |

**Payment** ▢ Check (enclosed) ▢ Cash ▢ Credit Card ▢ PayPal

(Make checks payable to **Lake Howell HS PTSA**) -- Please return form and 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your support!**