

PTSA MEMBERSHIP 2010-2011

PARENT NAME: _____

PHONE: _____

STUDENT NAME: _____ **GRADE** _____

STUDENT NAME: _____ **GRADE** _____

STUDENT NAME: _____ **GRADE** _____

ADDRESS: _____

City _____ **ST** _____ **ZIP** _____

EMAIL: _____

MEMBERSHIP DUES: \$6.00 per Adult — #adults \$ _____

\$4.00 per Student — #students \$ _____

Additional Donation to the PTSA General Fund \$ _____

PLEASE MAKE CHECKS PAYABLE TO LBHS PTSA TOTAL \$ _____

CASH or CHECK _____

PTSA MEMBERSHIP 2010-2011

PARENT NAME: _____

PHONE: _____

STUDENT NAME: _____ **GRADE** _____

STUDENT NAME: _____ **GRADE** _____

STUDENT NAME: _____ **GRADE** _____

ADDRESS: _____

City _____ **ST** _____ **ZIP** _____

EMAIL: _____

MEMBERSHIP DUES: \$6.00 per Adult — #adults \$ _____

\$4.00 per Student — #students \$ _____

Additional Donation to the PTSA General Fund \$ _____

PLEASE MAKE CHECKS PAYABLE TO LBHS PTSA TOTAL \$ _____

CASH or CHECK _____