



LAMP HIGH SCHOOL

Parent-Teacher-Student Association (PTSA)

Membership Form

Cash or Check payable to LAMP PTSA

Adult Fee \$10 Student Fee \$7

Full Name:

Date:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone:

Email

Additional Family Members Joining PTSA:

Name:

Email

Parent

Student, Grade _____

Teacher

Other

Name:

Email

Parent

Student, Grade _____

Teacher

Other

Name:

Email

Parent

Student, Grade _____

Teacher

Other

I would like to help LAMP High School by volunteering with the PTSA

FOR LAMP PTSA USE ONLY

Payment Information

Received By:

Membership Database

Amount: _____

Date Entered: _____

Cash/MO: _____

By: _____

Check # : _____

Date: _____