



PTSA[®]
everychild.one voice.[®]

Annual PTSA Memberships are \$5.00 per person.

PTSA Members: \$ 5.00 x ___ = \$ _____

1. Member Name: _____ **Phone:** _____ **email:** _____

(circle all that apply) parent student grandparent faculty staff

2. Member Name: _____ **Phone:** _____ **email:** _____

(circle all that apply) parent student grandparent faculty staff

3. Member Name: _____ **Phone:** _____ **email:** _____

(circle all that apply) parent student grandparent faculty staff

Student name: _____ **Grade:** ____ **1st Period Teacher:** _____

Student name: _____ **Grade:** ____ **1st Period Teacher:** _____

Make checks payable to Julia Landon College Prep PTSA