



2021-2022 PTSA MEMBERSHIP APPLICATION

Making A Difference - One Member at a time!

MEMBERSHIP OPTIONS

PARENT (Mom **OR** Dad):each \$40.00 x _____ = \$ _____

STUDENT:each \$20.00 x _____ = \$ _____

Business: \$50.00 = \$ _____

Additional Donation: = \$ _____

TOTAL: \$ _____

Cash _____ (\$40/\$20) Check # _____ (\$40/\$20) Credit Card _____ (\$42/\$21)

On-line at: www.ISPA-PTSA.com / Checks payable to "ISPA PTSA"



Please PRINT CLEARLY

LAST Name (of Paying PARENT): _____

FIRST Name (of Paying PARENT): _____

Home Address: _____

Email Address (PARENT): _____

Telephone Numbers: _____

HOME OR WORK CELL

Student's Name: _____

Grade Level: 9th () 10th () 11th () 12th ()

ISPA Language Program: SPANISH () FRENCH () ITALIAN ()

Would you Like to Volunteer? YES () NO ()

THANK YOU FOR YOUR SUPPORT!!!!!!