



**2023-2024 PTSA MEMBERSHIP APPLICATION**

*Making A Difference - One Member at a time!*

MEMBERSHIP OPTIONS

PARENT (Mom **OR** Dad): .....each \$42.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

STUDENT: .....each \$21.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Business: ..... \$52.00 = \$ \_\_\_\_\_

Additional Donation: ..... = \$ \_\_\_\_\_

**TOTAL: \$ \_\_\_\_\_**

Cash \_\_\_\_\_

Check # \_\_\_\_\_

Credit Card \_\_\_\_\_

On-line at: [www.ISPA-PTSA.com](http://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:**      9<sup>th</sup> (\_\_\_\_)      10<sup>th</sup> (\_\_\_\_)      11<sup>th</sup> (\_\_\_\_)      12<sup>th</sup> (\_\_\_\_)

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

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

**THANK YOU FOR YOUR SUPPORT!!!!**

ISPA PTSA - 1570 Madruga Avenue, Coral Gables, FL 33146 - [president.ispatsa@gmail.com](mailto:president.ispatsa@gmail.com)