

Lake Travis High School ♦ PTA Membership Form

name: _____

phone: _____ email: _____

Select one membership level:

Family Membership **\$ 15.00**

We have students in: 9th 10th 11th 12th

LTHS Staff and Faculty Membership **\$ 5.00**

Student Membership **\$ 5.00**

I am in: 9th 10th 11th 12th

Please return completed form with payment to LTHS front office by September 30.
Make checks payable to **LTHS PTA**. Contact us at membership@lthspata.org.

Thank you for your support!