

LTHS PTA MEMBERSHIP FORM

Primary Email address: _____@_____

ORDER	Quantity	Make checks to: LTHS PTA		SubTotal
		<i>Name</i>		
Adult PTA membership			x \$10 each	
Teacher PTA membership			x \$5 each	
Student PTA membership			x \$5 each	
Check #: _____		Total Amount Enclosed		

Please drop off at the LTHS Main Office or send to:

LTHS PTA/Membership
3324 RR 620 South
Austin, TX 78738