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!!!!!

ISPA PTSA - 1570 Madruga Avenue, Coral Gables, Fl 33146 - ispaptsapresident@gmail.com