



MEMBERSHIP / VOLUNTEER FORM

YES! I/We wish to join the Lowell PTSA!

Please print clearly. All information will be used only for PTSA purposes. If you have more than two Lowell students, please use the reverse side. Other family members are encouraged to join. **TODAY'S DATE** _____

Name-**Student Member** _____ Grade ____ Reg# ____ \$11.00

Name-**Student Member** _____ Grade ____ Reg# ____ \$11.00

• Address/City/Zip (Student's) _____

Name-**Parent Member** _____ Phone () _____ \$11.00

• Address/City/Zip (Parent's) _____ EMAIL _____

Name-**Parent Member** _____ Phone () _____ \$11.00

• Address/City/Zip (Parent's) _____ EMAIL _____

PTSA membership dues are generally tax deductible. Please consult your tax advisor. Donations above the membership amount are welcome and are tax deductible.

Please make checks payable to: **Lowell High School PTSA** and mail to address noted above.

Number joining __ @\$11.00 each \$ _____
 Additional donation for operating costs \$ _____
 Total amount of check enclosed \$ _____

Want to pay with credit cards? Then join online: Log on to: www.lowellptsa.org and click on "JOIN NOW ONLINE" (red button, upper right corner)

➡ **PTSA eGroup.** As a PTSA member, you are eligible to join the PTSA eGroup. You will receive via email the *LowellLight* newsletter, student bulletins, PTSA notices and other announcements. To subscribe to the PTSA eGroup send an email to **Lowell_ptsa-subscribe@yahoo.com** and indicate your child's registry number.

PTSA use only:
 mem _____
 thru _____
 mem _____

PTSA VOLUNTEER OPPORTUNITIES

The following is a list of PTSA committees that need your help. Please complete form below. Check as many as you wish. Any questions? Contact Debbie Gee Wong at Dgeewong@sbcglobal.net

Volunteer A _____ Phone () _____ EMAIL _____

Volunteer B _____ Phone () _____ EMAIL _____

- | A | B | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Beautification: One weekend day to improve school site. |
| <input type="checkbox"/> | <input type="checkbox"/> | Book-to-Book: Staff the school bookstore in regular 2-hour weekly shifts. |
| <input type="checkbox"/> | <input type="checkbox"/> | Cyberfundraising: Help promote eScrip and similar fundraising programs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Mailing: Help prepare the <i>LowellLight</i> newsletter for mail distribution. |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospitality: Help plan and furnish food for special events. |
| <input type="checkbox"/> | <input type="checkbox"/> | The Lowell Fund: Donor outreach & mailing. Bilingual help especially needed. |

- | A | B | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Lowell Night for 8th Graders: Annual informative event for prospective 8 th grade parents. |
| <input type="checkbox"/> | <input type="checkbox"/> | LowellLight Newsletter: Layout and production of newsletter. |
| <input type="checkbox"/> | <input type="checkbox"/> | Membership: Promote PTSA membership at special events. |
| <input type="checkbox"/> | <input type="checkbox"/> | Reflections Contest: Annual creative arts contest of the National PTA. Help with advertising, judging and sending entries to the next level of competition. |
| <input type="checkbox"/> | <input type="checkbox"/> | VICCI: (Volunteers in College & Career Information) Weekly 3-hour shifts. |

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LOWELL HIGH SCHOOL ♦ PARENT TEACHER STUDENT ASSOCIATION *Membership Receipt* Date Mailed/Submitted _____

1101 Eucalyptus Drive, San Francisco, CA 94132 (415) 759-2730 Cash / Check No _____ Total Amount Paid _____

Name _____ No. of Memberships _____ Donation _____