Lowndes County Private School Foundation

MEMBERSHIP APPLICATION

_____,20____

NAME:_____PHONE_____
_____

ADDRESS:_____
box / street town zip

EMAIL ADDRESS_____
OCCUPATION:_____

EMPLOYER:_____

ADDRESS:_____

NAME OF STUDENTS:

Name_____ Grade_____

Name_____ Grade_____

Name_____ Grade_____

Foundation Members or Board Members as references

Reference Name_____

Address_____
Phone #'s Home_____Work _____Cell_____

Reference Name_____

Address_____
Phone #'s Home_____Work_____Cell_____

MEMBERSHIP FEE OF $250.00 ATTACHED.

Recommended by Board Member in Area_____(Signed)_____
Signature of Applicant

Approved by Board of Trustees Yes_____ No_____ Date_____