

Lowndes County Private School Foundation

MEMBERSHIP APPLICATION

_____, 20____

NAME: _____ **PHONE** _____

ADDRESS: _____

EMAIL: _____

OCCUPATION: _____

EMPLOYER: _____ **PHONE:** _____

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 \$500.00 ATTACHED.

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

Approved by Board of Trustees Yes _____ No _____ Date _____