



## LMHS PTSA BUSINESS MEMBERSHIP FORM

Your membership will help support all our programs and events throughout the year like Respectful Rams, Reflections, PTSA Senior Scholarship, Project Grad, American Education Week and Teacher Appreciation, as well as "The Ram Modification Project".

PLEASE PRINT CLEARLY:

<b>BUSINESS NAME:</b>	
<b>ADDRESS:</b>	
<b>CITY, STATE, ZIP CODE:</b>	
<b>BUSINESS NUMBER:</b>	<b>ALTERNATE NUMBER:</b>
<b>CONTACT NAME:</b>	<b>EMAIL:</b>

PLACE AN "X" NEXT TO THE MEMBERSHIP YOU ARE PURCHASING:

<u>"X"</u>	<u>LEVELS</u>	<u>COST</u>
	<b>PLATINUM:</b> Business name recognition placed on benches, 4"x8" laser inscribed "Ram Square" brick placed on campus, business name/number on PTSA link at school website, business name/number mentioned in "Tell-A-Ram" newsletter and member plaque to display in your place of business.	\$250.00
	<b>GOLD:</b> Business name/number on PTSA link at school website, business name/number mentioned in "Tell-A-Ram" newsletter and member plaque to display in your place of business.	\$150.00
	<b>SILVER:</b> Business name/number mentioned in "Tell-A-Ram" newsletter and member plaque to display in your place of business.	\$75.00

PLEASE SIGN AND DATE:

<b>Authorized Signature:</b>	<b>Print Name:</b>	<b>Date:</b>
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Make check payable to **LMHS PTSA**. Tax-exempt #85-8012538791C-5. Please keep a copy for your records.

Mail or return completed form and check to: LMHS PTSA  
 ATTN: Jan Harpe  
 655 Longwood-Lake Mary Road  
 Lake Mary FL 32746

If you have any questions or need further information, please contact Jan Harpe, LMHS PTSA Membership Chair, at [janharpe@earthlink.net](mailto:janharpe@earthlink.net).

# THANK YOU FOR YOUR SUPPORT!

**IF PURCHASING A PTSA PLATINUM LEVEL BUSINESS MEMBERSHIP ONLY**

**PLEASE FILL OUT AND INCLUDE WITH BUSINESS FORM**

**"RAM SQUARE" BRICK**

4" x 8" laser inscribed brick with three lines available. Each line can hold 18 characters (including punctuation and spaces). Please print clearly your customized wording.

**LINE 1**

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**LINE 2**

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**LINE 3**

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**Official PTSA Use Only**

Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Approved By: \_\_\_\_\_