

Northwest Boosters Association

Membership Form 2023-2024

NWLSD Staff member \$1	-	
Individual Student/Parer		Business Membership \$55
Family Membership \$25		Additional donation \$
Primary Contact Name		
Address		Zip code
Family/Individual Program Display (Examples: John Smith Family, John and Ji		
Business Name (If Business Membership) (Please list business name as you would li		
Primary Contact Phone	Secondary	Phone
Primary Email	Secondary Emai	l
Please list student names, grade level and		
Student Name	Grade	Activities
Student Name	Grade	Activities
Student Name	Grade	Activities
Thank you for your	continued supp	ain Office in an envelope. Out and involvement! In month at 7 p.m. in the LMIC
Internal Use: AmountCash/che	eck Payment accepted	by Date

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