

To join the LHS Bandparents Association or renew for this year:

1. Complete the form below
2. Make your check payable to the LHS Bandparents Association
3. Mail the check and form to: Thomas and Karen Asfeldt, Membership Chairs  
2124 E Tamarac Dr  
Sioux Falls, SD 57103

PLEASE PRINT

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Parent Name

Telephone

Mailing address

City

State

Zip

Student Name

Grade

Student

Grade

\_\_\_\_\_ \$20.00 membership.

\_\_\_\_\_ I wish to make an additional contribution in the amount of \$\_\_\_\_\_ to the  
LHS Bandparents Association, Inc.

**Make checks payable to the LHS Bandparents Association.**

*Thank you for your support!*