



Membership Form

Rejoining Member New Member

Name _____ Spouse/Partner _____

Address _____ Zip _____

Phone _____ E-mail _____

Children's Information (names and birth dates)

Expecting/Due Date _____

May we include your information in the roster? **YES** or **NO** (circle one)

How would you like to receive *The Scoop*? **Printed** (via USPS) or **E-notice only** (circle one)

Membership requires a minimum of three (3) hours of service over the course of a year. (Waived during the first year joining LECPTA.) Rejoining members not meeting their 3-hour service requirement will be ineligible to renew their LECPTA membership the following year. Please check any of the following activities that you are interested in volunteering for:

- | | |
|--|---|
| <input type="checkbox"/> Fall auction | <input type="checkbox"/> Vision screening at preschools |
| <input type="checkbox"/> Planning tours | <input type="checkbox"/> Program / Meeting Planning |
| <input type="checkbox"/> Children's parties | <input type="checkbox"/> Provide snack for meeting / event |
| <input type="checkbox"/> "Meet the Trucks" | <input type="checkbox"/> Community service initiatives |
| <input type="checkbox"/> Publicity/PR | <input type="checkbox"/> Environmental initiatives |
| <input type="checkbox"/> Parent education | <input type="checkbox"/> Health & Safety (Brake for Kids) |
| <input type="checkbox"/> Welcome new members / contact members | <input type="checkbox"/> Baby Bargain Bonanza (kids resale) |
| <input type="checkbox"/> Represent LECPTA at community events | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Helping Hands (provide meals after birth/illness) | |

Do you have a special skill, talent, interest or hobby you could share as a volunteer?

- | | |
|--|--|
| <input type="checkbox"/> Finance (accounting/bookkeeping) | <input type="checkbox"/> Writing/Media Relations |
| <input type="checkbox"/> Graphics/Web Design | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Event planning (parties, socials) | <input type="checkbox"/> Other _____ |

For new members, how did you hear about LECPTA?

<input type="checkbox"/> Preschool/daycare	<input type="checkbox"/> Newspaper/magazine
<input type="checkbox"/> Internet	<input type="checkbox"/> Poster
<input type="checkbox"/> Referred by a current member (name)	_____
<input type="checkbox"/> Other	_____

LECPTA is part of the Lakewood, state of Ohio, and national Parent Teacher Associations (PTAs). In accordance with PTA reporting, the LECPTA Membership Year is August 1st to July 31st. (Members joining after April 1st are carried over to the following year.) *All memberships expire on July 31st.*

SIGN-UP AND DUES: Family membership dues are **\$15.00** yearly. This brings *The Scoop*, to you each month and allows your family to participate in all our activities. Checks should be made payable to **Lakewood Early Childhood PTA**.

LIABILITY RELEASE: I understand that my child(ren) must be accompanied by a parent, guardian, or responsible adult at all LECPTA functions and that the parent, guardian, or responsible adult is in charge of that child's behavior and safety. In case of an emergency or accident, neither Lakewood Early Childhood PTA nor its members shall be responsible. By signing this form, I authorize the use of photos that myself or any member of my family may appear in at a LECPTA events for use on the LECPTA website and LECPTA publications.

Signature _____

Please contact Christine Walton Siley with any Membership questions at 216-221-5330, 720-231-7794, or LECPTA@gmail.com. Return the completed form with signed liability release (*required*) and dues to:

LECPTA Membership
14773 Athens Avenue
Lakewood, OH 44107

LECPTA Membership Use:

Cash/Chk # _____ Amount \$ _____ New / Rejoining / Carryover