

PTA Membership Form

Dues are \$5 per Adult

Fill out the membership submission below. Send it with your \$5 per adult membership fee to school with your child in an envelope marked "PTA Membership". Make checks payable to **Lakewood Falls PTA**.

Mother/Guardian's Name _____

Father/Guardian's Name _____

Address _____

Phone Number _____

Email Address _____

Your email will remain private and will only be used to update you on PTA information.

Please list all children attending Lakewood Falls

<u>Name</u>	<u>Grade</u>	<u>Teacher</u>
1. _____		
2. _____		
3. _____		
4. _____		

For Committee Use Only

Method of Payment cash \$ _____ or check # _____

Membership Card Number Assigned _____

Date Issued _____

Community _____ Staff _____