

LAKWOOD FALLS PTA MEMBERSHIP FORM

BY JOINING, YOU ARE SUPPORTING ALL OF OUR CHILDREN!
Studies conducted over the past 30 years prove that kids thrive when parents are involved.
Get involved! Join the PTA!!

Please complete the below.

Please check:

Parent Staff

Member's Name (please print) _____

Address: _____

City, State, ZIP Code: _____

Phone: _____ *Email: _____

(E-MAIL IS REQUIRED)

If you have children attending Lakewood Falls, please provide the name(s) of the student(s) and their teacher(s):

Would you like to be contacted about volunteering opportunities? Yes No
Contact will be made via e-mail.

Annual Dues: \$7.00

Please return this form with your payment to the school in an envelope marked "PTA Membership". Make checks payable to **Lakewood Falls PTA**. Thank you for your support!

For Committee Use Only

Method of Payment: Cash \$ _____ Or Check # _____

Membership Card Number Assigned _____ Date Issued _____