



Aug 1st, 2011 – July 31st, 2012

We welcome new and returning members all year long. Feel free to drop off your completed form and payment to one of our monthly meetings or mail it to the address below. For questions regarding membership please contact Sara Barresi at (440) 488 1546 or sara.helberg.barresi@gmail.com

Please check one of the following:

- New Member Referred by: _____
- Returning Member Number of years in LCECPTA: _____ (Early Bird Renewal due by 9/23/11 - \$15)
- Associate Member Relationship to child: _____ Child's Name _____

(Associate Members are family members such as grandparents, aunts, uncles, etc. Associate members do not have voting rights but are allowed to meetings and activities. Fee: \$5)

Name: _____ Spouse/Partner: _____

Address: _____ City: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

Your Birthday (MM/DD): _____

E-mail _____

* E-mail addresses are LCECPTA's primary form of communication.

Occupation: _____

Please list children's names and dates of birth: Due date if expecting: _____

If any of your children are in Pre-school, where are they? _____

(The above information will be included in the PTA Membership Directory, unless otherwise requested. The PTA Directory is distributed solely to Lake County Early Childhood PTA members.)

Please make your **\$20.00 or \$5.00** (associate) check payable to **LCECPTA** and mail to:

**Sara Helberg Barresi
688 Birch Ave
Euclid, Ohio 44132**

LCECPTA Release Form for Children's and Adult Activities & Events

I (parent) understand that my child must be accompanied by me or an adult designee at all child activities and that I take full responsibility and am liable for my child's behavior and safety. In case of an accident, neither LCECPTA nor its officers or members shall be held responsible or liable for me or my child.

Parent Signature: _____ Date: _____

By checking the box below, I hereby agree to abide by the rules and requirements for membership in the LCECPTA. Membership responsibilities include:

- Pay \$20.00 membership dues, volunteer on at least one committee during the year, completing a minimum of 6 service points (please refer to Member Handbook on ways to fulfill your service points for the year.)

Tell us a little more about YOU!

How did you originally find out about LCECPTA?

Why did you join the PTA?

- I want to meet other Moms/Dads
- I am looking for activities to do with my children
- I would like to be more informed (speakers at meetings, networking etc.)
- Other (please specify) _____

Do you or anyone you know have a special talent or specified knowledge base and would be willing to share that with the PTA at a meeting or event? We are interested, please let us know! *(For example: a Nutritionist or Chef that could talk to the PTA members on childhood healthy eating techniques or a Policeman that could talk to our children about safety.)*

Do you have any personal goals or interests that could be achieved in a group? *(For example: interested in being a part of a book club because you have a personal goal to read for leisure or start training for a 5K.)*

We are constantly looking for ways to grow or take our PTA to new heights. Do you have any suggestions or ideas that could help LCECPTA? We are open to all ideas!

To be completed by LCECPTA Officers only:

Date received: _____ by: _____ Amount Paid: _____ Check #: _____ Cash: _____

Membership Card: _____ Added to Roster: _____ Welcome E-mail/ Call: _____