

Lake County Early Childhood PTA Membership Form for 2009-2010

To register, please bring this completed form and a check payable to Lake County Early Childhood PTA (LCECPTA for short) to one of our monthly meetings. Or, mail your completed form with a check to: PTA Membership c/o Lori Augustine, 447 Riverdale Drive, Eastlake, OH 44095. For questions regarding membership, please contact Christy Bauer at bauer.family@att.net.

Please check one:

- New Member \$15 Renewing Member \$15 Early Bird Renewal \$10
 Referred by _____ Must pay dues by 9/1/09

Name _____ Spouse _____

Renewing Members: Skip This Section Unless New Info.

Address _____ City _____ Zip _____

Phone (Home) _____ Phone (Cell) _____

Optional: Occupation _____ Phone (Work) _____

* E-mail _____ *newsletter will be sent to this address

Mom's birthday (no year necessary, just month & day): ____ / ____

Child's Name _____ Birthdate ____ / ____ / ____ Child's Name _____ Birthdate ____ / ____ / ____

Child's Name _____ Birthdate ____ / ____ / ____ Child's Name _____ Birthdate ____ / ____ / ____

Expecting _____ Due date ____ / ____ / ____

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.

The LCECPTA may photograph your children at events. Unless otherwise requested, your signature below grants the PTA permission to include photographs only (no names) of your children on its website and/or in PTA literature.

Lake County Early Childhood PTA Release Form for Children's and Adult Activities and Events

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

Parent's Signature _____ Date _____

To be completed by LCECPTA Officers:

Date Received _____ By _____ Amount Paid _____ Check # _____ If Cash/Receipt Issued _____

Membership Card _____ Added to Directory _____ Welcome E-mail _____ Welcome Call assigned to _____