

_____ Rejoining Member _____ New Member

Name _____ Spouse/Partner _____

Address _____ Zip _____

Phone _____ E-mail _____

Children's Information (names and birth dates)

Expecting/Due Date _____

Would you rather be contacted by **PHONE** or **E-MAIL**? (circle one)

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)

For new members:
 If you were referred to by a current member, please tell us who:

Membership requires a minimum of three (3) hours of service over the course of a year. An hour constitutes a literal hour of service or helping to make something. 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"/> Flower sale | <input type="checkbox"/> Program / meeting Planning |
| <input type="checkbox"/> Planning tours | <input type="checkbox"/> Provide snack for meeting/event |
| <input type="checkbox"/> Children's parties | <input type="checkbox"/> Childcare at LECPTA meetings |
| <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 and Safety (Brake for Kids) |
| <input type="checkbox"/> Baby Bargain Bonanza (kids resale) | |
| <input type="checkbox"/> Helping Hands (provide meals after birth/illness) | |
| <input type="checkbox"/> Welcome new members / contact members | |
| <input type="checkbox"/> Represent LECPTA at community events | |

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

- Finance (accounting/bookkeeping)
- Graphics/Web Design
- Event planning (tours, parties, socials)
- Writing/Media Relations
- Fundraising
- Other _____

Are you interested in carpooling with other members to LECPTA events? **YES** or **NO** (circle one)

SIGN-UP AND DUES: Family membership dues are **\$15.00**. This brings our newsletter, *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 _____

Contact Elizabeth O'Brien with any questions at 216-221-3194 or LECPTA@gmail.com. Return the completed form with signed liability release (*required*) and dues to:

LECPTA Membership
17716 Riverway Drive
Lakewood, OH 44107

LECPTA Membership Use:

Cash/Chk # _____ Amount \$ _____ Neighborhood _____
 _____ New _____ Rejoining _____ Carryover 2008/2009

