Lakewood Early Childhood PTA

everychild. onevoice.

MEMBERSHIP FORM 2026-2027

☐ New Member ☐ Member Renewal

FAMILY INFORMATION

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Address: _____ City / State / ZIP: _____

Phone: _____

Email: _____

Child(ren)'s names + birthdates:

_____

_____

Child(ren)'s Preschool (if applicable): _____

Due date (if expecting): _____

Directory: May we include your contact information in the LECPTA directory?

☐ YES phone & email ☐ YES phone only ☐ YES email only ☐ NO

VOLUNTEER & INVOLVEMENT INTERESTS

Membership includes a minimum of 3 hours of service during the year (waived for first-year members). Check any areas that interest you:

☐ Planning tours / field trips ☐ Children's parties & family events ☐ Meet the Trucks

☐ Publicity / PR / social media ☐ Welcome new members / member outreach ☐ Parent education

☐ Graphics / web design ☐ Event planning / parties / socials ☐ Fundraising

☐ Represent LECPTA at community events ☐ Helping Hands Meal Train/meal support

☐ Program / meeting planning ☐ Community service/Environmental initiatives

☐ Baby Bargain Bonanza / kids resale ☐ Finance / accounting / bookkeeping

☐ Writing / media relations ☐ Other: _____

HOW DID YOU HEAR ABOUT LECPTA?

☐ Preschool / daycare ☐ Newspaper / magazine ☐ Internet / social media

☐ Poster / flyer ☐ Referred by a member ☐ Other: _____

WHAT IS YOUR GENERAL AVAILABILITY FOR EVENTS?

☐ Weekday AM ☐ Weekday PM ☐ Weekday Evening

☐ Weekend AM ☐ Weekend PM ☐ Weekend Evening

MEMBERSHIP DUES & CONSENT

Annual family membership dues are $25.00. This brings you *The Scoop* e-newsletter every few weeks and allows your family to attend all of our events. • Membership year: August 1–July 31.
Memberships purchased April 1-July 31 carry into the following membership year.

Family participation & safety: Children attending LECPTA events must be accompanied by a parent, guardian, or responsible adult, who remains responsible for the child's behavior and safety. Neither Lakewood Early Childhood PTA nor its members are responsible for accidents or injuries.

Photo/media permission: I authorize LECPTA to use photos of me and/or my family taken at LECPTA events for LECPTA's website, social media, newsletters, and other PTA publications.

By signing this form, I agree to the family participation, safety, and photo/media terms stated above.

Signature: _____ **Date:** _____

Please mail this completed form and $25 membership dues (check made payable to *Lakewood Early Childhood PTA*) to:

LECPTA
% Allison Miller, President
1251 Ethel Ave.
Lakewood, OH 44107

Thank you for being a part of LECPTA! • Questions: info@lecpta.com