

PTA MEMBERSHIP MULTI-PURPOSE FORM

Last Name: _____ Parents: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Children: _____ Grade _____ Teacher: _____

_____ Grade _____ Teacher: _____

_____ Grade _____ Teacher: _____

Please select which of the following PTA programs you would like to participate in, and enclose your payment with one check made out to the **LES PTA**.

	<u>AMOUNT</u>
DIRECTORY – Would you like the information above included in the School Directory? YES <input type="checkbox"/> NO <input type="checkbox"/>	FREE

PTA MEMBERSHIP

- Double Membership (Two Parents/Guardians) (\$15)
- Single Membership (One Parent/Guardian/Teacher) (\$8) \$ _____

MEDIA GIFT FUND – Through this program, a new book selected by your child will be placed on the shelves of the Media Center with a nameplate inside the front cover stating that the book was donated in honor of your child. (Minimum recommended donation is \$15/event)

CHILD'S NAME	EVENT/ACHIEVEMENT (i.e. 8 th Birthday, 1 st Communion)	DATE (Month/Day)	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

HASSLE-FREE DONATION – Make a tax-deductible donation to the PTA then ignore any PTA Fund raising information you receive, guilt-free! (Minimum recommended donation is \$40) \$ _____

TOTAL CHECK AMOUNT (add the lines above) =====

I hereby authorize the LES PTA to include the above information in the 2008-09 School Directory.

Signature: _____ Date: _____