

# PTA MEMBERSHIP MULTI-USE FORM

Last Name: \_\_\_\_\_ Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 in one check made out to the **LES PTA**. AMOUNT

**DIRECTORY (Tentatively available by Oct 1)** – will include all LES enrolled students' name and grade(s), address, phone number, and parents names. If you've submitted the HCPSS Opt Out form, your information will not be included in the Directory.

**I don't want to join the PTA but please send me an LES student directory (\$3.00)** \$ \_\_\_\_\_

**PTA MEMBERSHIP – \$15** (includes up to 2 Membership cards, Directory and Memory Book Discount.) Please provide the names to be included on the cards: \$ \_\_\_\_\_

**MEDIA GIFT FUND** – Donate a new book, selected by your child, to the Media Center with an inscribed nameplate marking the occasion. (Minimum recommended donation is \$15/event.) (NOTE: Another reminder will be sent to you in your child's birthday month, if you would prefer to participate at that time.)

CHILD'S NAME	EVENT/ACHIEVEMENT (i.e. 8 <sup>th</sup> Birthday, 1 <sup>st</sup> Communion)	DATE (mm/dd/year)	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

From: \_\_\_\_\_

**HASSLE-FREE DONATION (in addition to Membership)** – Make a tax-deductible donation, then ignore any PTA Fund raising information you receive, guilt-free! (Recommended donation is \$50) \$ \_\_\_\_\_

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

For Media Use only:

Title: \_\_\_\_\_ Bar Code: \_\_\_\_\_