

# 2017-2018

## Membership Form

Please show your support by becoming a member today!

We are committed to making every child's potential a reality by engaging and empowering families and communities to advocate for all children. You can help us reach our goal in this community by becoming a member. Please fill out the form below and return to us with your membership dues. Your dues go toward funding our local programs and advocacy efforts, as well as the advocacy work that our State and National PTA carries out on behalf of all children. **PRINT CLEARLY.**

**Mailing Address**

Street		
City	State	Zip code

**Member #1 Information**

Name	Membership Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Teacher/Staff	Email (required to send communication)
Mobile # for Text message (   )	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	What would you like to Volunteer for?

**Member #2 Information**

Name	Membership Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Teacher/Staff	Email (required to send communication)
Mobile # for Text messages (   )	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	What would you like to Volunteer for?

**Member #3 Information**

Name	Membership Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Teacher/Staff	Email (required to send communication)
Mobile # for Text messages (   )	Interested in Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No	What would you like to Volunteer for?

**Student Information**

Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom

Please let us know if you'd like more information on any of our programs, would like to volunteer, or have any suggestions or questions.

## Payment Method

\_\_\_\_\_ X \$ 20.00 per Family = \_\_\_\_\_

**Payment Method:**    Cash    Check (Payable to: **Ft. Lee MS PTA**) \_\_\_\_\_

Online/PayPal (Transaction Number) \_\_\_\_\_

Payment Link: <https://www.paypal.me/LFCMS/20>