

Wadsworth Early Childhood PTA Membership Application 2010-2011

- New Member
- Returning Member

Name: _____ Spouse: _____ Date: _____

Address: _____ City/State/Zip: _____

Main Phone _____ Cell Phone _____ Member Birthday (M/D) _____

Email: _____ I cannot receive my newsletter electronically

Child(ren)'s Name(s) and Birth(Due) date(s) MM/DD/YY

How did you hear about the WECPTA? _____

Volunteers are essential for a strong organization. Please check all items with which you can help:

- Adult Nights Out
- Children's Parties
- Community Service
- Children's Crafts
- Fundraising
- Publicity
- Sunshine/Hospitality
- Field Trips
- Playgroups
- Historian

Under the 2010-2011 Standing Rules of the WECPTA, each member shall, and by signing I agree to:

1. Pay annual dues of \$20.00 (pro-rated as follows: January \$17.50, February \$16.00, March \$14.50, April \$13.00, May \$11.50, June through August \$5.00) A portion of your dues supports the National and Ohio PTA organizations.
2. Participate in annual fundraisers. Each member will raise or donate at least \$20 for the WECPTA.

Check the box if you do NOT want to be included in the directory. The above information will be included in the Membership Directory unless otherwise requested (The directory is to be used for personal networking only - no business solicitation permitted)

I would like event updates sent to my cell phone via text message (Messages will only be sent to members who register for an activity if the activity has been changed or cancelled. Charges from cell providers may apply and are the responsibility of the member. The WECPTA takes no responsibility for charges incurred)

Wadsworth Early Childhood Release Form

I understand that my child(ren) must be accompanied by a parent or responsible adult at all children's activities and that the parent is solely responsible for the child(ren)'s behavior and safety. In case of accident, neither the Wadsworth Early Childhood PTA nor its membership will be held responsible.

I agree to comply with the membership requirements and understand my membership privileges may be revoked for failure to meet said requirements.

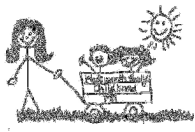
Signature _____ Date _____

Please complete this form, sign, and mail with a check made payable to:

Wadsworth Early Childhood PTA
Attn: Membership
PO Box 662
Wadsworth, OH 44282-0662

You will receive an email confirmation from membership@wadsworthpta.org once your membership form is processed

Internal Use Only Amt. Paid _____ by Cash Paypal Check Check # _____ Member Donation Entered in DB



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Name _____

When are you available? (Please check)

Monday

- Mornings
- Afternoons
- Both
- Neither

Tuesday

- Mornings
- Afternoons
- Both
- Neither

Wednesday

- Mornings
- Afternoons
- Both
- Neither

Thursday

- Mornings
- Afternoons
- Both
- Neither

Friday

- Mornings
- Afternoons
- Both
- Neither