

NEW MEMBER

RETURNING MEMBER

# FPECPTA Membership Form

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Member's Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_  I cannot receive my newsletter electronically

Working Parent Profession: \_\_\_\_\_

Stay at Home Parent Special Skills/Training: \_\_\_\_\_

Child's Name and Birthdate:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ Expecting (Due Date) \_\_\_\_\_

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

Refreshments (circle the months you can bring a dessert or snack to monthly meetings) Sept Oct Nov Jan Feb Mar Apr

Sunshine Committee  
(assists in baking/cooking something special for members in need)

Kids-A-New Sale  
(fall &/or spring kids re-sale)

Holiday Adult Social

Telephone Committee  
(call tree in case we need to contact members on short notice)

Fundraiser

Snowflake Ball  
(kids holiday party)

Membership Committee

Human Relations  
(community outreach)

Relay for Life Team

\*\* Member Pal

**New Member: Get matched with a senior member for introduction**

**Returning Member: Agree to show a new member "the ropes"**

Under the standing rules of the FPECPTA, each member shall, and by signing agree to:

1. Pay annual dues of \$15.00.
2. Make a \$20.00 donation or donate a high quality, hand crafted item or service with a minimum retail value of \$20.00 for the annual fundraiser. The donation is due one month before the fundraiser.
3. Checks can be made payable to the FPECPTA in the amount of \$35.00 to cover the cost of membership and the fundraising donation.

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

Check this box if you DO NOT want to be included in our member directory. The above information will be included if the box is left unchecked.

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 return with your check to: Shannon Allen  
21341 Cromwell Ave  
Fairview Park 44126

You will receive an email confirmation from **sallen2@care2.com** once your membership form and dues have been received and processed.

Internal use only: Amt. pd. \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Member Donation