



WECPTA Membership Form

- New Member
- Returning Member

Name: _____ Spouse: _____ Date: _____

Address: _____ City/State/Zip: _____

Phone: _____ Member Birthday (Month/Day)____

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.

- | | | | | |
|--|---|--|--------------------------------------|--|
| <input type="checkbox"/> Adult Activities | <input type="checkbox"/> Children's Parties | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Legislation | <input type="checkbox"/> Playgroups |
| <input type="checkbox"/> Audit | <input type="checkbox"/> Community Service | <input type="checkbox"/> Historian | <input type="checkbox"/> Membership | <input type="checkbox"/> Preschool Vision Screening |
| <input type="checkbox"/> Babysitting CoOp | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Publicity <input type="checkbox"/> Sunshine |
| <input type="checkbox"/> Children's Crafts | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Kiddie Kloset | <input type="checkbox"/> Phone Chain | <input type="checkbox"/> Refreshments <input type="checkbox"/> Website |

Under the standing rules of the **WECPTA**, each member shall, and by signing I agree to:

1. Pay annual dues of \$10.00.
2. Make a \$20 tax deductible monetary 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. Checks can be made payable to **WECPTA for \$30** to include both expenses.

Westlake Early Childhood PTA 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 or responsible adult is responsible for the child's behavior and safety. In case of accident, neither the Westlake Early Childhood PTA nor its members shall be held responsible.
- Check the box if you do NOT want to be included in directory. The above information will be included in the Membership Directory unless otherwise requested.

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 form, sign, and mail a check made payable to the **WECPTA** to:

WECPTA
Attn: Membership
P.O. Box 45204
Westlake, OH 44145-2083 .

You will receive an email confirmation from membership@wecpta.org once your membership form has been received and processed.

Internal use only. Amt. Paid _____ by Cash Check Check # _____ Member Donation Entered into OMDR