

**LAKE HIGHLANDS AREA EARLY CHILDHOOD PTA  
2008-2009 MEMBERSHIP FORM**

**Go to [www.lhaecpta.org](http://www.lhaecpta.org) to register online!**

ALL MEMBERS, NEW AND CURRENT: PLEASE COMPLETELY FILL OUT BOTH SIDES OF THIS MEMBERSHIP FORM AND THE NURSERY LIABILITY FORM. MAIL THE COMPLETED DOCUMENTS ALONG WITH A CHECK FOR \$25.00\* DUES (MADE PAYABLE TO LHAECPTA) TO **Ruth Gluck, 10006 Shadyview Dr, Dallas, Texas 75238, 214-342-8150.**

**\*dues paid after 1/1/08 are \$15.00.**

Name: \_\_\_\_\_ Birthday (month/day): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse's name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) - \_\_\_\_\_ Work Telephone: (\_\_\_\_) - \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell Number: (\_\_\_\_) - \_\_\_\_\_

Check here to opt out of our email distribution list

Children:      Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are expecting, please tell us your due date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a new or returning member? (Circle one):    new                    returning

If you are a new member, do you wish to have a PTA Pal?            yes                    no

Your neighborhood public elementary school: \_\_\_\_\_

Are you employed other than a full-time parent?    No    Yes:    full-time            part-time  
Occupation: \_\_\_\_\_

If not, what was your occupation before staying home with your child(ren)? \_\_\_\_\_

**ADULT INTEREST AND PLAY GROUPS**

One of the great benefits of the LHAECPTA is that we have many adult interest and playgroups for you to become involved in. Please indicate the groups you would be interested in joining and the group chairperson will contact you with meeting dates and times.

Playgroups

I am interested in joining the following playgroups. Please choose the one (or more) you will most likely attend.

\_\_\_\_ Babes (0-12 mos)            \_\_\_\_ Two-Year-Olds            \_\_\_\_ Four & Five-Year-Olds            \_\_\_\_ Working Moms  
\_\_\_\_ Toddlers (12-24 mos)            \_\_\_\_ Three-Year-Olds

Adult Interest Groups

\_\_\_\_ Art & Literature Group            \_\_\_\_ Walking Group            \_\_\_\_ Scrapbooking  
\_\_\_\_ Game Night Group            \_\_\_\_ Wine & Design            \_\_\_\_ Recipe Club  
\_\_\_\_ Mom's Movie Matinee            \_\_\_\_ Knitting Group            \_\_\_\_ Dinner Group  
\_\_\_\_ Dad's Night Out            \_\_\_\_ Mom's Margarita Merriment

**FOR OFFICE USE ONLY**

Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_      Dues Paid (\$25.00):      Check # \_\_\_\_\_      Cash \_\_\_\_\_  
Nursery Liability Signed \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**WE NEED YOUR PARTICIPATION**

LHAECPTA has approximately 300 members. For us to enjoy its many benefits, it takes a lot of people donating small amounts of time. Below we have listed the specific areas in which the officers and committee chairpersons can use your assistance. We appreciate your enthusiasm and help. Give a little...and get a lot!!!

**SUBCOMMITTEES**

We need volunteers to serve on the following committees. All have estimated time commitments of five hours. Please mark your first choices (1,2,3) in order of preference. The committee chairperson will contact you with more information.

\_\_\_\_\_ Halloween Carnival (Sept-Oct)

\_\_\_\_\_ Home Tour/Auction (Jan-April)

\_\_\_\_\_ Newsletter Ad Sales (Aug-Dec)

\_\_\_\_\_ Spring Egg Hunt (March-April)

\_\_\_\_\_ Christmas Party (Dec)

\_\_\_\_\_ I'm open please call me to volunteer for anything!

**FUNDRAISING ASSISTANCE**

Please help our Finance Committee get a head start by letting us know if:

\_\_\_\_\_ You or someone you know might be interested in placing an ad in our newsletter. The Advertising Manager will contact you.

\_\_\_\_\_ You might have an item to donate for the Spring Auction. This could be something you make, a product from your business (or your spouse's or friend's), or an item that you could get for us at cost (swing set, jewelry, etc.). A Spring Auction Coordinator will contact you. Possible Item: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

\_\_\_\_\_ Friend/Neighbor    \_\_\_\_\_ Newsletter    \_\_\_\_\_ Advertisement    \_\_\_\_\_ Business Card    \_\_\_\_\_ Yard Sign

**MEMBERSHIP**

Please let us know if you have friends or neighbors who might not be on our mailing list. They will receive a complimentary copy of our monthly newsletter.

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**COMMENTS/QUESTIONS?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_