

**LAKE HIGHLANDS AREA EARLY CHILDHOOD PTA
2007-2008 MEMBERSHIP FORM
www.lhaecpta.org**

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 *Dina Crawford, 12401 Cross Creek Dr, Dallas, Texas 75243, 972-235-9489*

***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

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 Mom's
 ____ Toddlers (12-24 mos) ____ Three-Year-Olds

Adult Interest Groups

____ Art & Literature Group	____ Walking Group	____ Scrapbooking
____ Game Night Group	____ Home & Garden Decorating	____ Recipe Club
____ Mom's Movie Matinee	____ Babysitting Co-op	____ Dinner Group
____ Running Group	____ Mom's Margarita Mondays	

FOR OFFICE USE ONLY

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

NAME: _____

PHONE: _____

WE NEED YOUR PARTICIPATION

LHAECPTA has approximately 250 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 (Oct-Jan)

_____ 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 Fall Finance Chairperson 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.). The Spring Finance Chairperson 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?

