PTO MEMBERSHIP FORM



Please print clearly.

Membership can be paid for in cash, check to: LNS PTO, or online.

CONTACT INFORMATION First & Last Name: **Email Address: Phone Number:** Birthday Month/Day: **Subject: Grade:** I am a... **Teacher** (if applicable) **Staff Member** Administrator STUDENT INFORMATION (IF APPLICABLE) Child 1: **Grade:** First & Last Name **Homeroom Teacher:** Child 2: **Grade:** First & Last Name Homeroom **Teacher:** Child 3: **Payment** Membership dues are \$15 per year. First & Last Name Cash **Homeroom Teacher:** Check Grade: Online Zelle Paypal **Date**

THANK YOU FOR JOINING!

LEARN MORE

