

LAKEWAY ELEMENTARY SCHOOL PTO MEMBERSHIP FORM

Check all that apply, and then complete the relevant sections. Return this form with payment to the office or to your child's teacher. Please make checks payable to LWE PTO. Thank you!

_____ \$10 *Individual/Family Membership* (or _____ \$5 *Teacher Membership*)

Last Name _____

Mother's Name _____ Father's Name _____

Address _____ Zip _____

Home Phone # _____ Cell Phone # _____

E-mail Address _____

_____ Yes _____ No Please add my e-mail address to the PTO mailing list.

Student's Name _____ Grade _____ Teacher _____

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_____ \$50 *Business Membership*: Business members receive a free Web site ad, including a link to your Web site, and periodic acknowledgement in the school's monthly newsletter and on the school's marquee.

Business Name _____

Contact Person Name _____

Address _____ Zip _____

Business Phone # _____

E-mail Address _____

Web Site Address _____

_____ \$25 *Web Site Advertising*: Help support the PTO Web site (www.lakewaypto.org) with an ad featuring your business name and information.

Business Name _____

Contact Person Name _____

Address _____ Zip _____

Business Phone # _____

E-mail Address _____

Web Site Address _____

Amount Paid \$ _____	Date _____	Check # _____	Initials _____
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