

We would like you to join the PTA!

Lawrence Brook PTA Membership Payment Envelope

PLEASE PRINT CLEARLY:

Parent / Guardian Name(s): _____

Mobile/Home Phone: _____ Email: _____

\$8.00 per membership: _____ x \$8.00= \$ _____

Optional additional donation: \$ _____

Total Enclosed: \$ _____

Please make your check payable to: **Lawrence Brook PTA**

**Members providing their e-mail address will be automatically subscribed to the PTA's mailing list.*

Please list eldest child attending Lawrence Brook:

Child's Name _____

Grade: _____

Homeroom Teacher _____

Lawrence Brook PTA Executive Board
Thanks you for joining the PTA!

