

PTA Membership & Student Directory Form



MEMBERSHIP, MAKING A DIFFERENCE - *JOIN the* CLES PTA TODAY!

The CLES PTA touches the lives of each student in our school directly throughout the school year. Here is a sample of what the CLES PTA and your support brings to our school community:

- Promotes advocacy in Howard County, Maryland and nationally in order to ensure the best possible education for all students
- Provides a school directory which makes it easier to keep in touch with the CLES community
- Brings in culturally rich assemblies to our school to broaden each student's world
- Brings our school community together for social events like the Dolphin Dash, Winter Dance, Spring Fair and so much more!

To join the CLES PTA and/or be included in the Student Directory, fill out the form below and return it to your child's homeroom teacher with cash or check made payable to 'CLES PTA' in an envelope marked 'Membership/Directory'. Return form by WEDNESDAY, SEPTEMBER 7, 2011!

QUESTIONS? Call Bridget Littlefield - 410-465-2069 or bridgetl@verizon.net (Membership) • Jane Hockersmith 410-480-9712 (Directory)

PART 1: PTA MEMBERSHIP

- Yes, we wish to become a member of the CLES PTA!
 No, we **DO NOT** wish to join the CLES PTA.

First Member (\$10.00)

Second Member (\$5.00)

Additional Member (\$5.00)

Additional Member (\$5.00)

PART 2: CLES STUDENT DIRECTORY

1 additional copy for members (per family) is at no cost. For non-members 1 copy is \$10.

- Yes, include our family in the Directory. We've provided or have corrections/additions to our information below.
 No, **DO NOT** include our family in the Directory.
 We have chosen not to join the PTA, but would like 1 copy of the Directory. *Enclosed is payment of \$10.*

Please Print Clearly (Provide information as you wish it to appear in the directory)

Student Name: _____ Gr: _____ Teacher: _____

Student Name: _____ Gr: _____ Teacher: _____

Student Name: _____ Gr: _____ Teacher: _____

Student Name: _____ Gr: _____ Teacher: _____

Father's Name: _____ Mother's Name: _____

Student's Address: _____

Phone: _____ Cell (OPTIONAL, 1 PER FAMILY): _____

E-mail (OPTIONAL, 1 PER FAMILY): _____

Parent Signature: _____ Date: _____

Return with cash or check made payable to 'CLES PTA' to your child's homeroom teacher by WEDNESDAY, SEPTEMBER 7, 2011