



CARROLLTON EARLY CHILDHOOD PTA
Membership Application
2010-2011

(Membership good through October 15, 2011)



Date _____ Name _____ Spouse's name _____

Your birth date (month/day) _____ Email address _____

Address _____

City/Zip _____

Home phone _____ Mobile phone _____

School District: Lewisville ISD Carrollton-Farmers Branch ISD Other _____

Elementary school for which you are zoned _____

Children's names and birth dates (month/day/year)

Sign below to give permission to be included in our Membership Directory (If you would like to be included but do not want your address, phone number or email address to be printed, please specify.)

Signature _____

No address No Phone No email Other _____

Check here if you **DO NOT** wish to receive CECPTA announcements via email. (We strongly encourage email since this is our primary means of notifying members of upcoming activities.)

How did you find out about CECPTA? _____

Please indicate your membership status for this year: New Member Alumni
 Renewing Member Grandparent
 Texas Life Member

Do you know someone who might like to find out more about the Carrollton Early Childhood PTA?

Name _____ Address/Email _____

In what committees or activities would you like to participate?

___ Playgroups Hospitality Bunco
___ Fundraising/Silent Auction Socials/Parties Publicity
___ Membership Nursery Board Position

Please mail this form, along with a check for **\$25.00**
(or **\$12.00** for Alumni, Grandparents, or members joining between January 1 and March 15, 2011)
made payable to CECPTA, to:

CECPTA c/o Membership
P.O. Box 118160
Carrollton, TX 75011-8160

For Office Use Only

Date Rec'd _____ Check # _____ Cash _____ Letter Sent _____ Card _____ St Dues Pd _____