

Lehighton Elementary Center PTO

Membership Drive

Student's Name: _____

Grade _____ Teacher: _____

Dues Enclosed: \$ _____ (\$5.00 per person) Additional Donation: \$ _____

Total Enclosed: \$ _____

1) Name: _____

Address: _____

Phone #: _____ Email: _____

By submitting your email, you will receive emails from LehightonECPTO@gmail.com. Emails may include monthly meeting minutes, last minute changes to the schedule, reminders or requests for volunteers. Your information will be kept confidential and we do not sell to third parties.

2) Name: _____

Address: _____

Phone #: _____ Email: _____

By submitting your email, you will receive emails from LehightonECPTO@gmail.com. Emails may include monthly meeting minutes, last minute changes to the schedule, reminder or requests for volunteers. Your information will be kept confidential and we do not sell to third parties.

3) Name: _____

Address: _____

Phone #: _____ Email: _____

By submitting your email, you will receive emails from LehightonECPTO@gmail.com. Emails may include monthly meeting minutes, last minute changes to the schedule, reminder or requests for volunteers. Your information will be kept confidential and we do not sell to third parties.