



**Lake Seneca Elementary School**  
**Parent Teacher Association (PTA)**  
**2020-2021 Membership Form**  
***Please return by October 30, 2020***

**Student**

First Name(s): \_\_\_\_\_

Last Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Grade(s): \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Teacher Membership: \$10

- One (1) voting member

Individual Membership: \$10

- One (1) voting member

Family Membership: \$15

- Two (2) voting members

**Member #1**  Parent  Guardian  Teacher

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Member #2**  Parent  Guardian **(Family Membership only)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

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