

Lake County Council



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2018-2019 MEMBERSHIP FORM

Name of Local Unit _____ Date _____

Mailing Address _____

Phone # _____ School District _____

Lake County Council PTA 2018-2019 Unit Dues - \$65

Please type or print neatly – fill in all relevant positions

Table with 4 columns: Officer, Name, Email Address, Phone. Rows include President, Vice President, Corresponding Secretary, Recording Secretary, Treasurer, Delegate, Alt. Delegate, Reflections Chair, Legislation Chair, and Principal.

MEMBERSHIP DUES MUST BE PAID BY NOVEMBER 30, 2018 IN ORDER TO BE ELIGIBLE TO PARTICIPATE IN REFLECTIONS.

If you unit wishes to have voting rights at the first meeting on Sept. 27th, your dues must be paid by then.

Please make checks payable and mail to: Lake County Council PTA c/o Lynda Laws, LCC Treasurer, PO Box 1813, Mentor, Ohio , 44061-1813

Check # _____