

**Lincoln School PTA
Membership Envelope
2016—2017**

Member: _____

Email: _____

Phone: _____ cell or home

Member: _____

Email: _____

Phone: _____ cell or home

Student Name: _____

Grade: _____

Teacher: _____

Student Name: _____

Grade: _____

Teacher: _____

Student Name: _____

Grade: _____

Teacher: _____

Membership Type:

Parent/Guardian Grandparent

Teacher Staff

Membership Dues: \$8 per individual

Amount Enclosed: \$ _____

cash check (*Checks payable to Lincoln School PTA*)

Please note that you **must be a PTA member to
volunteer for PTA-sponsored activities.**

Please return to your child's classroom teacher