

MEMBERSHIP FORM



YOUR INFORMATION



Name: _____

Address: _____

Phone Number: _____ OK to Text: Y__ N__

Email Address: _____

Student: _____

Grade: _____

Student: _____

Grade: _____

Student: _____

Grade: _____



How are you interested in getting involved?



Fundraising

Fall Festival

Event Setup/Cleanup

Christmas Events

Football Homecoming/Bonfire

Teacher Appreciation Week

Grandparent's Day

Family Nights

Pastor Appreciation Day

No Preference

Are you able to commit to attending 1 meeting per month? Y__ N__

Member Dues: \$20 per Family/\$3 Extended Family

Please Make Checks Payable To LCA

paid:___ check #:___ cash:___ please invoice:___