

Returning Member

New Member

How did you hear about the group?

Name: _____

Birthday: _____

Spouse: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

Facebook: Yes, I have an account. Please add me to the private ESECPTA group
 No, thank you. I prefer not to have an account and choose to receive information via email

Child(ren):

Name

D.O.B.

Gender

M/F

M/F

M/F

M/F

ESECPTA members are strongly encouraged to volunteer in some capacity on one of our committees. Please circle the one(s) that interest you!

- Website Membership Play Dates Field Trips Family Parties
 Fundraising Hospitality/Sunshine Marketing/Publicity Mom's/Parent's Night Out

Release:

I understand that my child(ren) must be accompanied by a parent or responsible adult at all ESECPTA programs, and that the parent or responsible adult is responsible for the child(ren)'s behavior and safety. In case of an accident, neither ESECPTA nor its members shall be liable.

Parent or caregiver's signature: _____ **Date:** _____

Please mail this completed form, annual dues (**\$25.00**, if mailing, check only payable to **ESECPTA**) to ESECPTA c/o Membership P.O. Box 191 Vermilion, Ohio 44089. You may also turn in your form and dues at a monthly meeting. Scholarships for dues are available. Please email scholarships@ereshoresecpta.org for more info, or go to www.ereshoresecpta.org. Here's to friends and family fun!

Please Note: The information that you provide will be used for group membership purposes only. It will not be used for any solicitation



To support our fundraiser efforts, please consider making a donation to our ESECPTA "Fun Fund." This money will be earmarked solely for playgroups, field trips and parties. These events are routinely organized and offered free of charge to ESECPTA members.

Thank you for your generosity!

If mailing a donation with your Membership dues, please send a separate check payable to ESECPTA with the Memo: Fun Fund!