



# WECPTA Membership Form

Rev. 07/18/2018

Check One (✓)  New Member  Returning Member

**IF YOU PREFER, YOU MAY ENROLL ONLINE AT WWW.WECPTA.ORG. CLICK ON "JOIN US."**

Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Member Birthday (Month/Day) \_\_\_\_\_

Email: \_\_\_\_\_  I cannot receive my newsletter electronically.

Child(ren)'s Name and Birth (Due) date(s) MM/DD/YY:  
\_\_\_\_\_  
\_\_\_\_\_

### VOLUNTEERS ARE ESSENTIAL FOR A STRONG ORGANIZATION.

Please check all committees that you are interested in helping:

- |   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Adult Activities | <input type="checkbox"/> Children's Parties | <input type="checkbox"/> Health & Safety            | <input type="checkbox"/> Advocacy          | <input type="checkbox"/> Playgroups        |
| <input type="checkbox"/> Audit            | <input type="checkbox"/> Community Service  | <input type="checkbox"/> Membership                 | <input type="checkbox"/> Babysitting Co-Op | <input type="checkbox"/> Field Trips       |
| <input type="checkbox"/> Hospitality      | <input type="checkbox"/> Newsletter         | <input type="checkbox"/> Publicity                  | <input type="checkbox"/> Sunshine          | <input type="checkbox"/> Children's Crafts |
| <input type="checkbox"/> Kiddie Kloset    | <input type="checkbox"/> Refreshments       | <input type="checkbox"/> Auction/Fundraising        |  | <input type="checkbox"/> Preschool Fair    |
| <input type="checkbox"/> Website          | <input type="checkbox"/> Social Media       | <input type="checkbox"/> Preschool Vision Screening |  |  |

How did you hear about the WECPTA? \_\_\_\_\_

### Under the standing rules of the WECPTA, each member shall, and by signing I agree to:

1. Pay annual dues of \$30.00

Checks can be made payable to **WECPTA for \$30**. If you prefer to pay by credit card via PayPal, you **MUST** use the online registration form found at [www.wecpta.org](http://www.wecpta.org). A \$2 convenience fee will be added to your total.

### Westlake Early Childhood PTA Release Information:

\_\_\_\_ **Please initial.** I understand that my child(ren) must be accompanied by a parent or responsible adult at all children's activities and that the parent or responsible adult is responsible for the child's behavior and safety. In case of accident, neither the Westlake Early Childhood PTA nor its members shall be held responsible.

\_\_\_\_ **Please initial.** In order to promote the WECPTA, we frequently take photographs or videos of our events. Some of these may be used in our newsletters or added to our online photo album, among other places. By initialing, I give permission for my family's likeness to be used by WECPTA communications throughout the 2018-2019 school year.

Check the box if you DO NOT want your personal information to be included in the WECPTA Membership Directory. The above information will be included in the Membership Directory unless otherwise requested. *Please note that member name and email address **only** will be reported to Ohio and National PTA in compliance with their membership guidelines.*

I agree to comply with the membership requirements and understand my membership privileges may be revoked for failure to meet said requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete form, sign, and mail a check made payable to the **WECPTA** to:

**WECPTA**  
**Attn: Membership**  
**P.O. Box 45204**  
**Westlake, OH 44145-2083**

You will receive an email confirmation from [membership@wecpta.org](mailto:membership@wecpta.org) once your membership form has been received and processed.

**Internal use only.** Amt. Paid \_\_\_\_\_ by  Cash  Check # \_\_\_\_\_  Member Donation  Entered into JBF