

Lincoln Parent – Teacher Association
Membership Dues
\$5 per member (valid for one year)
Print and return to school with your child.

Member Names:

Address:

Phone(s):

E-mail(s):

Yes, I would like to receive weekly reminders of events at the school (can be cancelled at any time).

No, I would not like to receive weekly reminders of events at the school.

Student Name(s):

Grade Level(s):

Teacher Name(s):

Room Number(s):

\$5 per member, total amount enclosed: _____