

2020-21 LINCOLN ELEMENTARY PTA MEMBERSHIP

Support the Lincoln PTA, get your membership today!!!

The Lincoln PTA is committed to working hard and providing special programs and activities for our students. However, these programs would not be possible without the support of the ENTIRE Lincoln community.

ADDITIONAL Perks and discounts with your PTA membership. For more information, please visit www.capta.org.

Our goal this year is to achieve 100% membership – Joining is easy. **DON'T WAIT ... JOIN NOW!**

- Complete the form below and enclose your payment. Checks payable to Lincoln PTA. Direct donations are also welcome, 100% of your donation remains with the Lincoln PTA and can be tax deductible.
- You may also purchase memberships at www.jointotem.com/ca/torrance/lincoln-pta/join (link is available on our Lincoln web page)

Or scan:



RECEIVE A "THANK YOU" GIFT! SEPTEMBER 1st - 30th

- Each student who turns in a membership envelope with at least one membership will receive a "thank you" gift from the PTA.

Thank you for joining Lincoln's PTA. The PTA board and committee members look forward to working together with students, parents, and staff to provide another exciting year at Lincoln.

Lisa Kadoguchi & Tracy Mura
PTA Membership Chairpersons
PTA.LincolnContact@gmail.com

===== CUT AND TURN IN WITH PAYMENT =====

Anyone can be a member...students, staff, parents, grandparents, relatives and friends.
MEMBERSHIP DUES ARE ONLY \$10.00 PER PERSON

STUDENT _____

ROOM # _____

MEMBER #1
MEMBER NAME _____
CHECK ONE: <input type="checkbox"/> PARENT <input type="checkbox"/> STUDENT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER
EMAIL ADDRESS _____

MEMBER #2
MEMBER NAME _____
CHECK ONE: <input type="checkbox"/> PARENT <input type="checkbox"/> STUDENT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER
EMAIL ADDRESS _____

MEMBER #3
MEMBER NAME _____
CHECK ONE: <input type="checkbox"/> PARENT <input type="checkbox"/> STUDENT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER
EMAIL ADDRESS _____

MEMBER #4
MEMBER NAME _____
CHECK ONE: <input type="checkbox"/> PARENT <input type="checkbox"/> STUDENT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER
EMAIL ADDRESS _____