



LIHOLIHO LAULIMA

The PTA of King Liholiho Elementary School . . .

. . . parents, teachers, and students working together!

MEMBERSHIP DRIVE 2012-2013 LIHOLIHO LAULIMA PTA

Aloha Families and Friends of Liholiho School,

We would like to invite you to become a member of the **Liholiho Laulima PTA**. Our mission is to promote the welfare of children and develop a strong, united effort with the school, parents, and community to enhance the education of all children.

Everyone (students, families, friends, relatives and neighbors) are welcomed and encouraged to become a member of **Liholiho Laulima PTA** for only \$10.00 per person. As a member of **Liholiho Laulima PTA**, you will also become a member of the National and State PTSA and gain access to their website filled with very timely, useful and valuable information regarding parenting, health and wellness for children and an advocacy program on the national education level.

As an extra incentive for your membership, we will award a delicious pizza party to the classroom with the highest number of **Liholiho Laulima PTA** members as of Monday, September 10, 2012. Each child in the same family will be credited for each membership purchased.

If you should have any questions, please leave a message for me at the school's office at (808) 733-4850 or email: membership@liholiholaulima.org.

Mahalo,
Kristen Consillio, Membership Chair

(The Liholiho Laulima PTA membership is an individual membership and not a family membership. If you do not receive a receipt within 2 weeks of submitting your form, please contact me. Membership cards will be distributed by the end of October 2012.)

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Please return this **Liholiho Laulima** membership form and donation by **September 10th** through your child's teacher or drop it off at the school's office.

Enclosed is a donation of \$10.00 per individual member. Please make checks payable to "**Liholiho Laulima**".

1. Name	_____	email address	_____
2. Name	_____	email address	_____
3. Name	_____	email address	_____
4. Name	_____	email address	_____
		Additional Donations \$	_____
		Total Amount Enclosed \$	_____

Send membership card(s) to	_____	Grade/Rm #	_____
Name of other child(ren)	_____	Grade/Rm #	_____
	<i>(Student's name)</i>		

LIHOLIHO LAULIMA PTA MEMBERSHIP RECEIPT

Name	_____	Payment Method and Amount	_____
# of Memberships	_____	Additional Donation Amount	_____

Mahalo for your continued support!
Kristen Consillio, Membership Chair