



MEMBERSHIP FORM 2018-2019

MEMBERSHIPS ARE \$10.00 PER YEAR FOR ALL MCPS STAFF MEMBERS

Last Name First Name MI

Preferred Email Telephone

Office/School Position

Annual Membership: \$10.00 I would like to donate to LEAAP: \$ _____ Total Enclosed: \$ _____

New to MCPS: _____ How many years have you worked for MCPS? _____

How did you hear about LEAAP? _____ I would like to volunteer: _____

Please make all checks payable to "LEAAP" and send via Pony to Helen Blankfeld at 45 West Gude Drive, Suite 4000. For more information, please email Helen_R_Blankfeld@mcpsmd.org

Thank you for your support!