



# Luther North Parent Action Committee 2014-2015 School Year

Member's Name(s) \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

By checking this box, I give permission to receive updates electronically.

Student's Name	Gender	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**Member dues \$10.00 for 2014-2015**

Payable to:  
Luther North College Prep  
5700 W. Berteau  
Chicago, IL 60634

Check #

Cash