

LCCTM MEMBERSHIP FORM
2024 - 2025

Name: _____

Address: _____

Home Phone: _____

School District: _____

School Building: _____

Grade levels: _____

E-mail : _____

MAIL WITH \$5.00 (DUES) TO:
(Checks payable to LCCTM)

Deanna Mennig
390 N. Pioneer Ave.
Dallas, PA 18612