

Manhasset SEPTA

Special Education Parent Teacher Association
P.O. Box 155, Manhasset NY 11030

Membership Form 2009-2010

Membership Fees: \$20 per Adult & \$5 per additional **member** at same address.
\$5 **membership fee** for Manhasset Teachers, Administrators and Providers.

Primary Member Card # _____ (for SEPTA TO ASSIGN)

Name: _____

Please Check one: Parent Teacher Administrator Provider/Therapist

Address: _____

Home Telephone: _____ Cell Telephone: _____

Email Address: _____

Date of Payment: _____ Amount: _____ Type: Cash Check # _____

Other Member Card # _____ (for SEPTA TO ASSIGN)

Name of Other Member in Same Household: _____

Please Check one: Parent Teacher Administrator Provider/Therapist

Cell Telephone: _____ Email: _____

Interested in joining any committees? Y/N

Send Payments to Manhasset SEPTA at P.O. Box 155, Manhasset, NY 11030

Contact us at ManhassetSEPTA@AOL.com

Manhasset SEPTA 2009-2010 Membership Receipt

Date of Payment: _____ Amount: _____

Check #: _____ Cash: _____

Received by: _____