

Manhasset SEPTA

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

Membership Form 2010-2011

Membership Fees: \$20/Adult
\$25 for 2 Adults at same address.
\$ 5/Manhasset Teachers, Administrators and Providers.

Which membership division you are applying for: Special Education Division Gifted & Talented Division

Which events do you want email notifications for: Special Education Division Gifted & Talented Division

Primary Member Card # _____ (for SEPTA TO ASSIGN)	
Name:	
Address :	
Home Telephone:	Cell Telephone :
Email Address:	
Please Check one: <input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Provider/Therapist	
Date of Payment: _____ Amount: _____	Type: _____ Cash: _____ Check # _____

Primary Member Card # _____ (for SEPTA TO ASSIGN)	
Name of Second Member in Same Household:	
Email Address:	Cell Telephone :
Please Check one: <input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Provider/Therapist	
Date of Payment: _____ Amount: _____	Type: _____ Cash: _____ Check # _____

Interested in joining any committees? Y/N

**Send Payments to
Manhasset SEPTA**

P.O. Box 155, Manhasset, NY 11030
Contact us at ManhassetSEPTA@AOL.com

Manhasset SEPTA 2010-2011 Membership Receipt

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

Received by: _____