



2015-16 WEST GENESEE Special Education PTSA MEMBERSHIP APPLICATION

___ \$10 each Adult Member ___ \$5 each Student = \$ _____

___ Parent ___ Teacher ___ Staff/Adm. ___ Community Member ___ Other

NAME(s) Mr./Mrs./Ms. _____

STREET _____ CITY _____

STATE _____ ZIP CODE _____ HOME PHONE _____

E-MAIL _____ (Confidential for PTA notices & information)

CHILDREN'S NAMES

GRADE & SCHOOL

Membership...



Please make checks payable to "West Genesee SEPTSA"
Please mail this application to 300 Sanderson Rd., Camillus, NY 13031:
"SEPTSA MEMBERSHIP"

Office Use Only: DATE PAID _____ MEMBERSHIP NUMBER _____
CASH/CHECK AMT. _____ CHECK NUMBER _____



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