



2017-18 West Genesee Special Education Parent Teacher Student Association

WG SEPTSA MEMBERSHIP APPLICATION

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

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

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

Address _____

City _____, New York, Zip Code _____ Phone _____

E-MAIL _____ (membership card sent to your email)

CHILDREN'S NAMES GRADE & SCHOOL

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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