

Wake County Special Education PTA Individual Membership Form

New Member Renewal

Parent/Guardian Teacher Administrator Specialist

Name
Address
City/State/Zip
Home Phone
Work Phone
Cell Phone
Email Address
<input type="checkbox"/> Check here if you would like to receive the newsletter electronically to save printing/postage costs

Information about Children

Last Name	First Name	Birthdate	School	IEP?
		/ /		Yes/No
		/ /		Yes/No
		/ /		Yes/No
		/ /		Yes/No

Check here if you DO NOT want YOUR contact info to be included in a possible member directory (children info excluded)

Volunteer interests

- | | |
|--|---|
| <input type="checkbox"/> School Liaison _____
<input type="checkbox"/> Programs/Meetings Committee
<input type="checkbox"/> Ways & Means/Fundraising Committee
<input type="checkbox"/> Membership Committee
<input type="checkbox"/> Bylaws Committee | <input type="checkbox"/> Website
<input type="checkbox"/> Calendar
<input type="checkbox"/> Newsletter Production
<input type="checkbox"/> Newsletter Distribution
<input type="checkbox"/> Publicity/Media Relations |
|--|---|

Each member must complete separate form.

\$5 Membership Fee _____
Tax deductible donation _____
Total Enclosed _____

Mail to:

**Wake SEPTA
c/o Membership Chair
PO Box 19472
Raleigh, NC 27619-9472**

Date Added to Member Database _____
 Invited to YahooGroup _____
 Membership Card Issued _____

Rev. 3/13/08

2008-2009 Membership Expires on June 30, 2009