

**WEST HARTFORD SPECIAL EDUCATION PTA (SEPTA)**

**2008– 2009 Membership Registration**

If you wish to become a member of West Hartford SEPTA, please fill out this form. You may mail it to the attention of Rebecca Holmes, SEPTA Membership VP, 18 Linnard Road, West Hartford, CT 06107. Please visit our website at [www.whsepta.org](http://www.whsepta.org) or send us an email at [info@whsepta.org](mailto:info@whsepta.org).

**Membership is \$10.00 per person. Additional memberships for individuals residing at the same address are \$6.00 per person.**

**NAME(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Membership Type:** **Parent** \_\_\_\_\_ **Teacher/Admin:** \_\_\_\_\_  
**Community** \_\_\_\_\_

**Check one:** **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

.....  
**OPTIONAL INFORMATION**  
**(not included in directory)**

**If a parent:**  
**Name of child receiving services:** \_\_\_\_\_  
**Birth Year:** \_\_\_\_\_ **School:** \_\_\_\_\_

**If a teacher/administrator:**  
**School:** \_\_\_\_\_ **Position:** \_\_\_\_\_

All meetings are open to the public. Voting privileges and eligibility to hold an office are restricted to the membership. Membership entitles individuals to be placed on the EMAIL list, receive newsletters and a copy of the annual membership directory.

**Membership Directories are provided to members only. Directories include information from this MEMBERSHIP REGISTRATION form only.**

**May we publish your name in our directory?** Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\* SEPTA USE \*\*\*\*\*

Date Received : \_\_\_\_\_ Amount Received \_\_\_\_\_ Ck \_\_\_ Cash \_\_\_