SEPTAR

New Member Form

PLEASE PRINT

Today's Date
Last Name
First Name
Family or Individual Membership
Amount Paid/Donated
Phone - Home
Phone - Cell
Phone - Work
Email Address (PRINT)
Address
City
Zip
Affiliation (Parent/Teacher/Staff/Community/G-Parent)
Languages Spoken 1: 2:
Child #1 Name
Child #1 School
Child #1 Grade
Child #1 Rm & Teacher
Child #2 Name
Child #2 School
Child #2 Grade
Child #2 Rm & Teacher
Child #3 Name
Child #3 School
Child #3 Grade
Child #3 Rm & Teacher
Are you on the rcsdspecialedparents@yahoogroups.com mailing list? Yes No

Membership Card Assigned: Y N
Dues Paid: Cash Check #_____

Office Use Only

Entered in to database Y N
Board Member Y N