

Highline Special Needs PTA 9.5.238 Membership Enrollment Form



"Unless someone like you cares a whole awful lot, nothing is going to get better, it's not." ~ Dr. Seuss



Highline Special Needs Parent Teacher Association
www.hsnpta.org



When you join the Highline Special Needs Parent-Teacher Association, you are joining a community of parents and educators who are working together to enrich the learning environment and provide support and resources to students and their families.

*The Vision of the Highline Special Needs PTA is to build a community with E.A.R.S.:
To educate, to advocate, to be a resource, and provide support
For students, parents, educators, and the community.*

Community Members, Grandparents, Relatives, Friends and Neighbors are welcome to join. While we always welcome volunteers, it is not a requirement or expectation of PTA Membership.
All Students with Special Needs in the Highline School District are Honorary Members.

Membership Benefits Include Discounts From:

Great Wolf Lodge, rental cars, Ticketmaster and more!

Visit our website, www.hsnpta.org and click on Membership to find out more!

To join the Highline Special Needs PTA, please fill out the form below and return with your payment of cash or check made payable to Highline Special Needs PTA.

HSNPTA ~ 126 SW 148th St. ~ Ste. C-100 #220 ~ Burien, WA 98166

Thank you for your membership and support of the Highline Special Needs PTA!

Primary Adult Name: _____

*Email Address: _____

Street Address: _____ City: _____ State: _____

Zip: _____

Phone _____

*You will receive your membership card via email and be added to our newsletter. Your personal information will not be shared outside of PTA.

Membership Annual Dues \$15 (2 members in the same Household \$25) \$ _____
(includes council, state and national dues)

Second Adult Name: _____

*Email Address _____

Gift Membership \$15

\$ _____

(Name and Email) _____

Optional Donation: I would like to make an additional donation to support the Highline Special Needs PTA.....

\$ _____

Student(s) Name(s) (optional): _____

School(s) in attendance (optional):
(Use the back if additional space is needed)

Grade(s) (optional): _____

Total Amount

For Membership Chair: Date Received: _____ Date Entered into Database:

_____ *Cash: \$* _____ *Check #:* _____ *\$* _____