

Stratford SEPTA Membership Form

Stratford SEPTA (Special Education PTA) is for families, educators, and friends who want to support and learn from each other -- as well as celebrate the uniqueness, abilities, and potential of ALL children.

Membership is open to all, and includes parents, teachers, school administrators & staff, as well as community supporters. Dues are \$10 per person per school year. To join or renew online visit www.stratfordsepta.org. Cash or checks payable to Stratford SEPTA may be brought to any monthly meeting or mailed with this form to: 24 Highland Terrace, Stratford, CT 06614. Donations are always welcome.

Questions? Contact us! info@stratfordsepta.org

Please check one: _____ Parent(s) _____ Administrator/Teacher/Other Staff _____ Community Supporter

Name _____

Address _____

Phone _____ School/Position/Title: _____

Email _____

Would you like to be added to our email list? _____ Yes _____ No

How can we improve? What topics are you interested in learning more about?

Are you interested in volunteering? _____ Yes _____ No If yes, please circle area(s) that interest you

library Fundraising Special events planning School PTA liaison Resource

Communications/publicity Other: _____
Availability: _____

FOR PARENTS:

Child(ren)'s Name, School, Grade (Optional) _____

Child(ren)'s Diagnosis (Optional) * _____

*This information will only be used to help determine how to better serve our members. There might be the need for information on a specific diagnosis or to support another family with the same diagnosis, if so, may we ask for your help? _____ Yes _____ No

FOR PROFESSIONALS:

Occupation/ Area of expertise _____

Are you willing to share your expertise with the group (workshops, providing handouts, etc.)?

_____ Yes _____ No

Please note that all information you provide is held in strict confidence and will not be shared

Signature: _____ Date: _____

Stratford SEPTA is a 501c3 tax exempt organization and all donations are tax deductible to the extent permitted by law.

For SEPTA Use Only: _____ CASH _____ CHECK (# _____) Date Received _____
