



# Malverne SEPTA

# JOIN

## 2016-2017 MEMBERSHIP FORM

Our mission is to ensure a quality education for all students.  
SEPTA collaborates with parents, administration, and teachers to  
advocate for each and every student.

Everyone benefits when we work together Reward Our Children—**JOIN SEPTA!**



Parent/Guardian's Name \_\_\_\_\_

Second Parent Name \_\_\_\_\_

Student Name(s): \_\_\_\_\_ School \_\_\_\_\_

Student Name(s): \_\_\_\_\_ School \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email(Required): \_\_\_\_\_

Amount enclosed:  \$8.00 (Individual)  \$14.00 (Family)

Please make checks payable to "Malverne SEPTA"

Yes, I would like to volunteer! We will email you with any volunteer opportunities.

SEPTA USE ONLY:

Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_ CK# \_\_\_\_\_ CASH \_\_\_\_\_

