



MEMBERSHIP FORM

JOIN

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 _____

