



PTA MEMBERSHIP APPLICATION

Please complete the information below:

Primary Role: Parent/Guardian Teacher/Staff Other

Name: Mr. Mrs. Ms. _____

Address: _____

Home Phone: _____ Cell Phone _____

EMAIL: _____

Student(s):

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

PAYMENT INFO (DUES INCLUDES MEMBERSHIP IN NATIONAL PTA AND NJ PTA)

ANNUAL MEMBERSHIP DUES IS \$10.00 PER MEMBER (ALL DUES SHOULD BE SENT TO SCHOOL IN AN ENVELOPE WITH THE APPLICATION)

MAILING ADDRESS: 728 N. WOOD AVE., LINDEN, NJ 07036

CHECKS SHOULD BE MADE OUT TO: LINDEN #1 PTA