



LINDEN
SCHOOL
NO. 2



2015/2016 SCHOOL NO. 2 PTA MEMBERSHIP APPLICATION
PTA WELCOMES YOU AS A MEMBER, PLEASE COMPLETE THE INFORMATION BELOW:

Primary Role: Parent/Guardian Grandparent Teacher/Staff Other

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Student(s)
Name: _____ Grade: _____ HR Teacher: _____

Name: _____ Grade: _____ HR Teacher: _____

Name: _____ Grade: _____ HR Teacher: _____

- I am interested in volunteering for PTA activities.
- I am NOT interested in volunteering for events, but I would like to be a member.

PAYMENT INFORMATION: (dues include membership in National, State, School No. 2 PTA)
Annual Membership Dues: \$ 7.00
Please make checks payable to: **School No. 2 PTA**
Mailing Address: 1700 S Wood Avenue, Linden, NJ 07036

*SCHOOL NO. 2 PTA * 2015-2017*

MARIA BARRETO / PTA PRESIDENT * MBARRETO@LINDENPS.ORG OR 215-554-5148
ANNA GARCIA / VICE PRESIDENT
KARYN JOSEPH / TEASURER
ISABEL MARQUEZ / SECRETARY
OLGA PLUMMER / TRUSTEE

PTA MEMBERS NEEDED!!!

LOCAL OFFICE USE:

PAYMENT: CASH MONEY ORDER CHECK# _____ DATE: _____