

NEW JERSEY PTA APPLICATION FOR LIFE MEMBERSHIP

PLEASE TYPE (Allow at least three (3) weeks before the presentation date)

FEE: \$75.00 PRESENTATION DATE: _____
month / day / year

PTA/PTSA Making Presentation _____

Town _____ County _____

Full Name and HOME address of prospective Life Member:

Title (Mr./Ms./Mrs.) Name _____ Telephone Number: _____

Address _____ City _____ State _____ Zip _____

Member of _____ How Long _____

*If recipient is not a PTA member, please include a brief letter describing why he/she was selected to receive this honor.

If PTA Member—Office/Committee Activities:

In Local PTA/PTSA _____

In County Council _____

In State Congress _____

Other Areas of Service to Children and Youth _____

LIFE MEMBERSHIP PACKAGE, including card, certificate, and pin will be
mailed to the person who completed the application.

Person Completing the Application:

Name _____ PTA Title _____

Address _____ City _____

State _____ Zip Code _____

DAYTIME PHONE NUMBER () _____ (in case of questions)

MAIL ORIGINAL FORM AND MAKE CHECK PAYABLE TO:	NEW JERSEY PTA 8 Quakerbridge Plaza, Suite F Mercerville, NJ 08619
MAIL COPY OF APPLICATION TO: COUNTY LIFE MEMBER CHAIR OR COUNTY PRESIDENT RETAIN ONE COPY FOR YOUR RECORDS	
<i>To avoid unnecessary delays, please ensure that your form is complete and accurate.</i>	

FOR OFFICE USE ONLY

Check# _____ MS ACCESS _____

Date Received _____ MS EXCEL _____

Amount Received \$ _____ SHIPPED _____