

NEW JERSEY PTA APPLICATION FOR LIFE MEMBERSHIP

FEE: \$75.00

PRESENTATION DATE: _____ (*Allow at least three (3) weeks before the presentation date*)

PTA/PTSA Making Presentation _____

Town _____ County _____

Full Name and HOME address of **prospective Life Member**:

Title (Mr./Ms./Mrs.) _____

Name _____

Telephone Number: _____ Email Address _____

Address _____ City _____

State _____ Zip _____ Member of _____ PTA

**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 _____ E-Mail Address _____

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

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| MAIL ORIGINAL FORM AND MAKE CHECK PAYABLE TO: | NEW JERSEY PTA 8 Quakerbridge Plaza, Suite F Mercerville, NJ 08619 <i>To avoid unnecessary delays, please ensure that your form is complete and accurate.</i> |
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FOR OFFICE USE ONLY

Check# _____ MS ACCESS _____

Date Received _____ MS EXCEL _____

Amount Received \$ _____ SHIPPED _____