



**Fairfax County Special Education PTA
Membership Form**

Internal Use Only
Payment Type: Check Cash CC
Received By:

Family Membership

Adults and children at a single address

Teacher/Staff Membership

1 Adult

Name: _____

Phone: _____ Email: _____

Are You (Check all that apply): Parent/Guardian Educator Other _____

Name: _____

Phone: _____ Email: _____

Are You (Check all that apply): Parent/Guardian Educator Other _____

Household Address: _____

What kind of school does your special needs child(ren) attend? (Check all that apply)

Public Private Home School Homebound Private Placement Other _____

Base High School (Pyramid): _____

Magisterial District or School Board Member: _____

What language(s) is/are spoken in the home: _____

Would you like to volunteer? If so please include your interest. _____

Family Yearly Dues: \$20

Educator Dues: \$6

Sponsor a Teacher/Staff Member (Name, Email Job Title and School): _____

DONATE!! Yes! I want to support Fairfax County SEPTA with a direct donation. All funds go directly to support programming, training, events, awards, advocacy and administrative costs. Fairfax County SEPTA is a 501©3 Non-Profit, all donations are tax deductible.

Donation Amount: \$25 \$50 \$75 \$100 Other **Grand Total:** _____

Please make checks payable to Fairfax County SEPTA.
Checks can be mailed to PO Box 3473, Merrifield, VA - 22116

Empowering and connecting families, students and educators to ensure students with disabilities develop their full potential as individuals and community members.