

**Indian Prairie Special Needs PTA
Membership Application
2010-2011 School Year**

Name _____

Address _____

City _____ Zip _____ Phone _____

Email _____ School _____

Primary Disability * _____

_____ I am a Dist. 204 parent/caregiver (kindly remit **\$10.00** to the address below)

_____ I am not a resident of D204 (kindly remit **\$10.00** to the address below)

_____ I am a business owner in the community of _____
(kindly remit **\$10.00** to the address below)

_____ I am a staff member in D204 (kindly remit **\$5.00** to the address below)

Please indicate school/building _____

Your position _____

_____ I am a new member to IPSN PTA. _____ I am a returning IPSN PTA member

Please check your preference(s):

I would like to remain on the IPSN PTA Mailing list. _____ YES _____ NO

I want to be listed in the IPSN PTA Directory ** _____ YES _____ NO

I want to receive notices via email. _____ YES _____ NO

ONLINE PAYMENT is now available. Go to <http://ipswweb.ipspd.org/forms/IPSNPayments.html> to make your payment. Please be sure to include a copy of your payment receipt with this membership form and return to:

Indian Prairie Special Needs PTA
P.O. Box 9647
Naperville, IL 60567-9647

OR--- Please enclose a check for \$10.00 (\$5.00 for IPSD staff) payable to: **IPSN PTA** and return to the address above.

**Disabilities will not be published in the membership directory. This information simply helps us determine what speakers or topics may be of interest to our membership.*

***Directories (one per family) will be distributed to members of the IPSN PTA, along with a membership card.*

Do not write below this line. For administrative use only.

Check # _____ Date _____

Fee _____ Donation _____

New _____ Returning _____