

Southern Regional District SEPTA (Special Education PTA)

Application for Membership

Name: _____

Address: _____

Phone: _____

Email: _____

Child's Name and Grade:

Along with \$5 in Membership dues, please bring this application to our next General Meeting or mail to:

**Southern Regional High School
600 N. Main Street
Manahawkin, NJ 08050
Attention: SEPTA 11/12 Building**

Please make checks payable to Southern Regional SEPTA