



Success for
Every Student

JERICHO SEPTA MEMBERSHIP 2024-2025

SPECIAL EDUCATION PARENT TEACHER ASSOCIATION

PRIMARY CONTACT (\$12.00) Please print:

Name: _____ School & Grade: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ Email: _____

Check here if you are interested in getting involved in SEPTA.

Print Student's Last Name (if different from member's last name) _____

Print Parent's Email Address (if different from member's email) _____

ADDITIONAL FAMILY MEMBERS TO ENROLL (\$12.00 EACH) Please print:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Please attach paper with additional names if needed.

To be eligible to receive a SEPTA College Scholarship, at least one individual per family MUST be a Jericho SEPTA member by January 31, 2025.

PAYMENT DETAILS

Please make your check payable to Jericho SEPTA.
Mail this completed form along with your check to:

Jericho Administration
Attn: SEPTA
99 Cedar Swamp Road
Jericho, NY. 11753

TOTAL DUES (Checks Preferred)	\$	<input type="text"/>
Additional Voluntary Contribution (Speaker fees, additional student scholarships, etc.)	\$	<input type="text"/>
TOTAL ENCLOSED	\$	<input type="text"/>

We thank you for your continued support!
Jericho SEPTA – Supporting All Students K-12

You can also send payment by Scanning the QR Code or by going to
<https://jericho-septa.memberhub.com/store?limit=21&live=true&category=Memberships>

