



# Searingtown School PTA (Unit 10-354) 2025–2026 Membership Form

Please show your support by becoming a member today!

PTA is committed to making every child’s potential a reality by engaging and empowering families and communities to advocate for all children. Partnerships between parents, educators and children enhance children’s successes. You can help us reach our goal in this community by becoming a PTA member. Members are entitled to vote at our meetings and serve on our many committees.

**Our children benefit when you get involved with the PTA. Your membership dues and donations help fund PTA programs and events that enhance the regular school curriculum such as: Author Visits, Family Fun and Movie Nights, Educational Enrichment Programs by Grade, Flag Day BBQ, Pumpkin Patch, Brain Challenge and Spirit Week Pep Rally to name a few.**

NYS PTA has replaced the traditional paper membership card by a virtual eCard that will be emailed to members upon purchase of a membership. **There are three different ways to become a member:**

- Complete this form and return to school with your membership dues (check payable to ‘Searingtown School PTA’); or
  - Register Online and send in your payment to school (check payable to ‘Searingtown School PTA’); or
  - Register Online and Pay Online
- NYS PTA Portal: <https://searingtown.givebacks.com/>



The cost of membership is \$20 for the first member and \$5 for every additional member. Please encourage all family members including spouses, grandparents, uncles and aunts to become members.

**The first class with 100% membership wins an ice cream party!**

### Member(s) Information

<b>\$20</b>	Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School Employee <input type="checkbox"/> Student <input type="checkbox"/> Community Member
	Phone# ( )	Email ( <i>required to send eCard</i> )	

### Additional Member(s) Information

<b>\$5</b>	Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School Employee <input type="checkbox"/> Student <input type="checkbox"/> Community Member
	Phone# ( )	Email ( <i>required to send eCard</i> )	
<b>\$5</b>	Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School Employee <input type="checkbox"/> Student <input type="checkbox"/> Community Member
	Phone# ( )	Email ( <i>required to send eCard</i> )	
<b>\$5</b>	Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School Employee <input type="checkbox"/> Student <input type="checkbox"/> Community Member
	Phone# ( )	Email ( <i>required to send eCard</i> )	

### Student Information (per Household in Searingtown School)

Student Name	Grade	Teacher
Student/Sibling Name	Grade	Teacher
Student/Sibling Name	Grade	Teacher

### For PTA Use Only

# of Members	\$ TOTAL PAID (\$ Local + \$ NYS/National)	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Date: _____
		Entered in NYS PTA Online Membership System: _____ Date: _____

Please join our Searingtown School PTA to make a difference in the education, health and welfare of our children. Complete the attached form and return it to the PTA box at school. We look forward to having **YOU** as a member! If you have any questions, please email us at: [sptapresident@gmail.com](mailto:sptapresident@gmail.com)