

Searingtown School PTA (Unit 10-354) 2026–2027 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 Nights, Educational Enrichment Programs, Flag Day BBQ, assorted assemblies and Spirit Week Pep Rally to name a few.

A virtual eCard will be emailed to members upon purchase of a membership by NYS PTA.

There are two different ways to become a member:

- **Complete this form and return to school with your membership dues (check payable to 'Searingtown School PTA')**
- **Register Online and Pay Online NYS PTA Portal: <https://searingtown.givebacks.com/>**



The cost of membership is \$20 for the first member and \$10 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

\$20	Role: ☐ Parent/Guardian ☐ School Employee ☐ Student ☐ Community Member			
	Name:		Phone Number:	
	Gender: ☐ Male ☐ Female	Email:		

ADDITIONAL MEMBER(S) INFORMATION

\$10	Role: ☐ Parent/Guardian ☐ School Employee ☐ Student ☐ Community Member			
	Name:		Phone Number:	
	Gender: ☐ Male ☐ Female	Email:		

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	Name:		Phone Number:	
	Gender: ☐ Male ☐ Female	Email:		

STUDENT INFORMATION (PER HOUSEHOLD IN SEARINGTOWN SCHOOL)

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

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

FOR PTA USE ONLY

Payment Method: ☐ CASH ☐ CHECK # _____ ☐ GIVEBACKS DATE: _____