

Honorary Life Membership Application

HONORARY LIFE MEMBERSHIP

TWIN PROJECTS CONTRIBUTION

TEACHER FELLOWSHIP IN MEMORY OF
RICHARD GAZZOLA

JENKINS MEMORIAL SCHOLARSHIP

UNIT/COUNCIL CODE NUMBER: _____ - _____

UNIT/COUNCIL NAME: _____

THE PERSON TO BE HONORED:

(PLEASE PRINT CLEARLY)

**RETURN ALL PARTS OF THIS FORM WITH CHECK(S) OR MONEY ORDER.
ALL PTA CHECKS MUST HAVE TWO (2) SIGNATURES.**

HONORARY LIFE MEMBERSHIP
CHECK MADE PAYABLE TO EITHER:
NYS PTA FELLOWSHIP FUND
OR
NYS PTA SCHOLARSHIP FUND

HONORARY LIFE MEMBERSHIP
TWO CHECKS MADE PAYABLE TO:
NYS PTA FELLOWSHIP FUND
AND
NYS PTA SCHOLARSHIP FUND

Applications are available for download from www.nyspta.org.
Please refer to the website for the latest application fee information.

MAILING LABEL (PLEASE TYPE OR PRINT CLEARLY):

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAIL TO:

NEW YORK STATE PTA®
ONE WEMBLEY COURT
ALBANY, NY 12205-3830

TEL: (518) 452-8808 FAX: (518) 452-8105

FOR OFFICE USE ONLY
CK. DATE _____ CK. NO. _____ CK. AMT. _____
BYLAWS INSURANCE MEMBERSHIP
INITIALS _____