

**Indian Prairie Special Needs PTA  
Membership Application  
2008-2009 School Year**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_

Primary Disability \* \_\_\_\_\_

Please check your preference(s):

I would like to remain on the IPSN PTA Mailing list.     YES     NO

I want to be listed in the IPSN PTA Directory \*\*     YES     NO

I want to receive notices via email.     YES     NO

I want to make a tax deductible donation to IPSN PTA in the amount of \$ \_\_\_\_\_

\*Disabilities will not be published in the membership directory. This information simply helps us determine what speakers or topics may be of interest to our membership.

\*\*Directories (one per family) will be mailed to paid members of the IPSN PTA, along with a membership card.

Please enclose a check for \$8.00 payable to: IPSN PTA and return to:

Indian Prairie Special Needs PTA  
P.O. Box 9647  
Naperville, IL 60567-9647

