

PTA Membership Application

Member of

Frank R. Conwell PS3PTA



PTA Welcomes you as a member, please complete the information below:

Primary Role: Parent/Guardian Grandparent Teacher/Staff Other _____

Name Mr. Ms. Mrs. : _____

Address: _____

Home: _____ **Mobile:** _____

Email: _____

Student(s):

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

PAYMENT INFORMATION *(dues include membership in National PTA and your state PTA):*

Annual Membership Dues: **\$5.00**

Please make checks payable to: **PS3PTA**

Mailing Address: P.O. Box 227 , Jersey City NJ, 07302 / PTA Mailbox at school's lobby.

PTA Membership benefits include:

For detailed information , please check www.PTA.org , PTA Member Discounts

- **AARP** membership at a 15% discount for people 50+
- **Boxed** 15% off + free shipping on your first order
- **Good Housekeeping** special 12-month subscription
- **Hertz** Savings of up to 20%.
- **LifeLock** 10% off membership
- **Lifetouch** iMemories coupon courtesy
- **MetLife** special savings and benefits
- **Mountain America Credit Union**
- **Quicken Loans**
- **Schwan's Cares**
- **Sylvan**
- **TeenSafe**

.Restrictions may apply

For more information contact: Email: ps3board@ps3pta.org Website: www.ps3pta.org

LOCAL OFFICE USE: Payment Method: Cash Check—check # _____ Date: _____