



Washington State
PTSA
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Everett School District Special Education PTSA

Working together for student potential

MEMBERSHIP FORM 2019-2020

Name(s) _____

Mailing Address _____

E-mail _____

Phone _____

School Name: _____

Type of Membership *(please check one)*

Family (\$25) Individual (\$15) Donation: \$ _____

I am a:

Staff Member

Teaching assignment _____

Parent

Student Name _____

Grade _____ Teacher _____

Program _____

Other

Mail your completed membership form, including payment, to:

**Community Resource Center
c/o ESD Special Education PTSA
3900 Broadway
Everett, WA 98201**

Thank you for your interest!