

# TBT PTA

**2019/2020 Membership Form**

Please print clearly

First Name/Spouse’s First Name Last Name

Address

City Zip

Best Telephone Best Email Address

Please make your $18.00 check payable to TBT PTA.

**Yes**​, please contact me to volunteer at TBT PTA events. ​

I am interested in being a class parent.

I do not have children enrolled in the school, but would like to be a sustaining member.

**Child’s Name Child’s Grade**

**1.**

**2.**

**3.**

Contact us with any ideas, comments, or questions at ​tbtpta@gmail.com​.  
Please return this form & check with your Religious School application or send to Temple B’nai Torah, 2900 Jerusalem Ave, Wantagh, NY 11793 Attn: TBT PTA