



Bellevue Special Needs PTA

Bellevue Special Needs PTA 2019-2020 Membership Form

When you join the Bellevue Special Needs PTA you are joining a community of people who work together to enrich the learning environment and provide support to students with special needs and their families. Everyone is welcome to join. Students with special needs in the Bellevue School District are honorary members.

Donations go toward supporting advocacy, information sharing, special education training and resources. In the 2019-2020 school year the BSNPTA was able to provide PTA meetings and trainings with featured speakers, parent coffee's in collaboration with other PTA's and family nights. We hope to expand our outreach and advocacy work in the new school year with your support.

Henningsgaard Memorial Membership Scholarship Fund

The Henningsgaard Memorial Membership Scholarship Fund has been named in memory of Bill and Max Henningsgaard. Bill Henningsgaard supported the work of the Bellevue Special Needs PTA and invited our organization to partner in his work at Eastside Pathways. It is the wish of the BSNPTA Board of Directors to honor his dedication to all children and families in our community through this scholarship fund.

To join the Bellevue Special Needs PTA simply join online: www.BellevueSpecialNeedsPTA.com or complete the form below and return with your payment of cash or check made payable to:

Bellevue Special Needs PTA Or Mail to: P.O. Box 835, Bellevue, WA 98009-0835
Scholarships for membership are available

Members will receive their membership cards directly from the WSPTA via email. Thank you for your membership and support of the Bellevue Special Needs PTA. Welcome!

Adult name _____

Adult name _____

Phone _____ Email* _____

Phone _____ Email* _____

Student name(s)(optional) _____

Grade(s)(optional) _____ School in Attendance _____

Street Address (optional) _____ City _____ Zip _____

*By submitting your email, you will automatically receive our email updates that will include important dates and events. Your personal information will not be shared or provided to anyone outside of the PTA!!!! PTA Membership: (choose one)

\$ 15 Individual Membership Annual Dues \$ _____

\$25 Couple (2) Annual Dues
(please include both names) \$ _____

Optional Donations: I would like to make an additional donation to support the BSNPTA \$ _____

Membership scholarship \$ _____

I would like to request a scholarship for membership. This information is kept confidential.

I would like to pay for a member who may need a scholarship to be a member.