

## JOIN SPOT TODAY!

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

*Please Circle:* Parent    Professional    Relative    Other: \_\_\_\_\_

Disabilities that you are interested in: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Membership Contribution: \_\_\_\$10 \_\_\_\$25 \_\_\_\$50 \_\_\_\$100 \_\_\_Other\$\_\_\_\_\_

\_\_\_Please send all SPOT mailings      \_\_\_I am interested in volunteering

\_\_\_My contact info may be shared with other parents

\_\_\_Please keep all personal information confidential



Please send form with check made out to SPOT-Special Parents of Teaneck  
To: SPOT Membership 634 Bryant Ave. Teaneck, NJ 07666