



Membership Drive, Member Form 2016-2017

Dear BOCES Families, Staff and Friends,

We are excited to start planning our seventh year! To all new BOCES families, WELCOME! Our goal is to have an organization that will support parents and caregivers to become more informed, share knowledge about resources that are available and talk about new, ever changing rules and laws that are important for our community. We want to create a platform that invites all interested parties to come and share their knowledge and experience so that we can learn from each other.

We are looking forward to meeting you and working with you!

For SEPTA Exec. Board:

Trish, Phyllis, Linda, Andy, Giovanna and Marcela

MEMBER FORM

New _____ Renewal _____ Donation _____

Dues are \$10 per person

Name: _____

Address: _____

Phone #'s: _____

Email: _____

Parent ___ Teacher ___ Specialist ___ Other: _____

Paid: Cash _____ Check# _____ *make out to: SW BOCES SEPTA

Return member form in person or mail to: SW BOCES SEPTA c/o Phyllis Rizzi, Tappan Hill School,
50 Ichabod Lane, Tarrytown, NY 10591 phone: (914)366-2560

Southern Westchester BOCES SEPTA
Membership Survey

In order to help us make informed choices for programming, please provide us with the following information:

I would like to attend programs with topics such as:

___ Reading Difficulties and/or Dyslexia, Writing difficulties

___ Math Difficulties

___ Social Skills

___ ADD/ADHD

___ Speech, Language

___ OT/PT

___ Autism Spectrum Disorders

___ Transition Planning

___ Accommodations and Remediation

___ Other _____

Do you have a child/grandchild attending one of SW BOCES programs?

Yes ___ No ___ if yes, which program and where _____

Age(s) _____

Your preference for workshops is: Day _____ Night _____

Please tell us what are your expectations and what you would like your SEPTA to focus on: _____
