

New Paltz Middle School PTA

Become a member today!

NAME: _____

ADDRESS: _____

HOME PHONE #: _____

MOBILE PHONE #: _____

I WOULD LIKE TO RECEIVE VALUABLE SCHOOL INFORMATION FROM
THE NEW PALTZ MIDDLE SCHOOL PTA AT THE FOLLOWING

EMAIL ADDRESS: _____

STOP & SHOP HAS A REWARDS PROGRAM WHERE THEY WILL GIVE BACK TO THE
NEW PALTZ MIDDLE SCHOOL A PERCENTAGE OF WHAT YOU PURCHASE USING
YOUR STOP & SHOP CARD. IF YOU WOULD LIKE TO PARTICIPATE IN THE STOP &
SHOP PROGRAM AND ALLOW THE MATCHING FUNDS TO COME TO THE MIDDLE
SCHOOL, PLEASE PROVIDE YOUR NUMBER HERE ALLOWING CONSENT FOR THE
MIDDLE SCHOOL PTA TO REGISTER YOUR NUMBER.

I WOULD LIKE THE NEW PALTZ MIDDLE SCHOOL PTA TO REGISTER MY STOP &
SHOP CARD # _____ ON MY BEHALF SO
MATCHING STOP & SHOP DOLLARS CAN BE AWARDED TO THE NEW PALTZ
MIDDLE SCHOOL TO FURTHER SUPPORT PROGRAMS AND SERVICES FOR
STUDENTS.

MEMBERSHIP DUES IS \$10.00

MEMBER SIGNATURE

DATE