

# Get Involved With Your Shoreline Special Needs PTSA



## Our Mission

Fostering communication and collaboration among parents, students, teachers, schools and the community to support students with special needs.

## Who We Serve

Any child in the Shoreline School District with a 504 plan or IEP. That's approximately 12% of the district's enrollment.

## Why Become a Member?

- Experience general benefits of state and national Parent-Teacher Association including discounts at Fed Ex/Kinko's and Great Wolf Lodge.
- Enjoy camaraderie with other special needs families, professionals and advocates
- Be a voice about student and family needs

When you join the Shoreline Special Needs PTSA (Parent, Teacher, Student Association) you are joining a community of people who will work together to enrich the learning environment and provide support to students with special needs and their families. Anyone interested in this work is welcome to join.

Membership dues and fundraising support our advocacy, information sharing, special education training and resources. Anyone interested in the work of the SSNPTSA is welcome to join. Community members, grandparents, relatives, friends, and neighbors are all welcome.

To join the Shoreline Special Needs PTSA complete both sides of the form below and return with your payment of cash or check made payable to:

**Shoreline Special Needs PTSA, PO Box 55753, Shoreline WA 98155.**

*QUESTIONS?* email [SSNPTA@gmail.com](mailto:SSNPTA@gmail.com)

## How to Learn More

<http://www.shorelinespecialneedspta.org>  
[www.facebook.com/ShorelineSpecialNeedsPTA](http://www.facebook.com/ShorelineSpecialNeedsPTA)



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## Membership Enrollment Form (also available as an online form for credit card payments at [www.shorelinespecialneedspta.org](http://www.shorelinespecialneedspta.org))

COMPLETE BOTH SIDES OF MEMBERSHIP FORM

Name (member #1) \_\_\_\_\_

Additional member name(s) \_\_\_\_\_

Student name(s)(optional) \_\_\_\_\_

School in Attendance \_\_\_\_\_ Grade(s)(optional) \_\_\_\_\_

Street Address (optional) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Primary Email\* \_\_\_\_\_

*\*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 outside of the PTSA!!!!***

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## Impact We're Having

- Increasing awareness and interest among Shoreline schools about how to be more inclusive
- District administration and teachers attending meetings and reaching out to collaborate on family/child needs related to special education issues
- More families feeling an increased sense of community and connectedness via our Facebook page and meetings
- Members learning about important community supports available to them and their children

**To join the Shoreline Special Needs PTSA complete and mail the form below, or alternatively you may join online at [www.ShorelineSpecialNeedsPTA.org](http://www.ShorelineSpecialNeedsPTA.org)**

**PTSA Membership (Please complete both sides of membership form)**

- Individual Membership \$15..... \$ \_\_\_\_\_
- Additional Household Members at \$10 each  
(please include additional name(s) on other side of form)..... \$ \_\_\_\_\_
- Sponsor a teacher (\$15) List name here: \_\_\_\_\_ \$ \_\_\_\_\_
- Help us provide a scholarship to someone else (\$15)..... \$ \_\_\_\_\_
- Donation (optional)..... \$ \_\_\_\_\_
- Total Enclosed (Make check payable to SSNPTSA)..... \$ \_\_\_\_\_
- Please send me an invoice to pay with a credit card, my email is \_\_\_\_\_

**Mail this completed form to Shoreline Special Needs PTSA, to PO Box 55753, Shoreline WA 98155**  
*Thank you for your membership and support of the Shoreline Special Needs PTSA!*

Are you interested in volunteering? Yes \_\_\_ No \_\_\_

What skills would you like to contribute? \_\_\_\_\_

Can we contact you for short-term volunteer opportunities? Yes \_\_\_ No \_\_\_