

MEMBERSHIP FORM

Thank you for your interest in joining P.A.S.T.A. at Nottingham High School!
Please complete the form below and either return via your child to the P.A.S.T.A. mailbox in the main office or mail directly to Barbara Recine, 73 Robin Drive, Mercerville, NJ 08619.

Annual Dues: Adults \$5.00 Students, Senior Citizens, Alums \$3.00

Name: _____ Membership Type _____

Address: _____

email: _____ Home Phone#: _____

Cell #: _____

If Adult, name of NHS student + grad year: _____

Name: _____ Membership Type _____

Address: _____

email: _____ Home Phone #: _____

Cell #: _____

If Adult, name of NHS student + grad year: _____

Name: _____ Membership Type _____

Address: _____

email: _____ Home Phone #: _____

Cell #: _____

If Adult, name of NHS student + grad year: _____

Total Amount Enclosed: \$ _____

Total Memberships: Adult _____ Student _____ Sr. _____ Alum _____