



New York State Congress of Parents and Teachers, Inc.  
Branch of the National

---

Newfane PTSA 2909 Transit Rd, Newfane NY 14108 716-628-6149

---

## PTSA BUSINESS MEMBERSHIP

**Business Name:** \_\_\_\_\_

**Individual's Name for membership card:** \_\_\_\_\_

**Memberships @ \$25.00 per business = \$** \_\_\_\_\_

**Donation = \$** \_\_\_\_\_

**Total enclosed = \$** \_\_\_\_\_

---

**Email address**

---

**Address**

---

**City**

---

**Phone(s)**

Complete this form and return it with your check (payable to Newfane PTSA) for the total amount stated above to the school office.

Form and check can also be mailed to Newfane PTSA, 2909 Transit Road, Newfane, NY 14108