



UC Tech Parent School Organization

2016-17 Family Membership Form

Please Circle Your Student's Grade: 9th 10th 11th 12th

Student's Name: _____

Student's Program at UC Tech: _____

Parent/Guardian's Name(s): _____

Address: _____

Town & Zip Code: _____

Parent's Email Address: _____

Parent's Preferred Contact Phone Number: _____

Your Membership Fee Directly Supports Our Students & Staff:

Please check:

____ Option One: 2016-17 Yearly Membership for \$20.00

____ Option Two: A 4 Year Membership for \$60.00 (a savings of \$20.00 for our Freshman parents!)

____ Yes, I would like to make a one-off additional donation to support the PSO in the amount of _____ \$5.00 _____ \$10.00 _____ \$20.00 _____ Other _____

____ Yes, I would like to volunteer in some capacity this school year – please contact me to coordinate the best fit for me.

Total Amount Enclosed: _____ Check Number: _____

Please make your check payable to: UC Tech PSO and drop off in the school office, or mail to: UC Tech PSO Membership Committee 1776 Raritan Road, Scotch Plains, NJ 07076-2997.

The UCTech Parent School Organization (UCTech PSO) is a registered charitable organization under section 501(c)(3) of the Internal Revenue Code, identification number 970-734-812/500. All donations are tax deductible and eligible for matching corporate donations, if applicable.