



**SPPA**  
**Southeastern Pennsylvania Parents' Association**  
**Associate Membership Application Form**

**FUTURE MID'S NAME**

(first, last)

**NAPS/Foundation/Other**

**Parents** (first, last)

**Address**

**City, State, Zip**

**Telephone Number**

**Email Address 1**

**Email Address 2**

(optional)

**Pricing**

There is no charge for a one year Associate Membership

**Please send your completed APPLICATION to:**

**Chris Leavy, SPPA Treasurer**  
**112 Winding Lane**  
**Newtown, PA 18940**