

THORNE MIDDLE SCHOOL PTA



70 Murphy Road
Port Monmouth, New Jersey 07758

MEMBERSHIP

Parent or Guardian Name _____

Child's Name _____ **H.R. #** _____

Street Address _____

Town _____

Phone # _____

Cell # _____

E-mail _____

(email will only be used for PT correspondence)

Please return this with a check for \$10.00 made out to Thorne PTA