

WEBER HSA, INC.

a 501(3)(c) Not-For-Profit Corporation

Port Washington Boulevard, Port Washington, New York 11050

www.WeberHSA.org * WeberHSA@yahoo.com

HSA MEMBERSHIP FORM 2009-2010

Dear Weber Parents/Guardians:

Middle school is an important experience for our children. It is a time when good communication between home and school is essential. Membership in the Weber HSA is a great way to stay involved and keep informed during these important years. All members are welcome to attend our monthly meetings, usually held on Wednesdays either from 8:45 to 10 a.m. or from 7:30 to 9:00 p.m. in the Weber library.

A suggested donation to join the Weber HSA is \$25.00 per family. **Your dues are our primary source of funding.** Your donation will provide financial support for the Cultural Arts programs, the Bulletin Board (our newsletter), student scholarships, and other enrichment experiences designed to enhance our children’s educational programs. **Your \$25.00 donation also entitles you to a Weber Middle School Student Directory** which will be mailed to you in November. Additional donations to subsidize our activities would be greatly appreciated. **Checks should be made payable to: Weber HSA, Inc.** *Please note that all donations are tax-deductible to the fullest extent of the law. As required by IRS regulations, we advise you that no goods or services will be provided to you in exchange for your donation.*

We hope that you’ll show your support by joining the Weber HSA. Thank You!

If you have any questions, please contact the Weber HSA Co-Presidents:

Karen Sambursky
Emily Beys

767-0884
944-8487

nls1@optonline.net
emilybeys@yahoo.com

Please return this form with your donation in the enclosed envelope to the VP of Membership, Mariann Dalimonte, 6 Reid Avenue, Port Washington, NY 11050 or, to the Membership Committee in the Main Lobby during Open House in September. **Please don’t forget to give us your email address – it’s an important communication tool for the Weber HSA.**

Student Name _____ **Grade in Sept. 2009** _____

Student Name _____ **Grade in Sept. 2009** _____

Parent/Guardian Names _____

Address _____

Telephone # _____ **Parent Email** _____

(PLEASE PRINT VERY CLEARLY)

Donation (\$25.00 per family) \$ _____

Additional contribution \$ _____

Total enclosed \$ _____