



Membership Application

Dear PTPA Supporter:

Please consider starting or renewing your membership today. The PTPA needs your support.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Check membership type

- Junior (18 and under) \$8.00/year
- Adult \$15.00/year
- Family \$20.00/year (List names on the back of this application)
- Lifetime \$300.00

Make your check payable to: PTPA
Mail to: 2256 New Kent Ct, Newport News, VA 23602