

## www.comosepta.com comosepta@gmail.com

## **Membership Form**

Name:	
Additional Member Name:	
Address:	
Email*: Phone: *By submitting your email, you will automatically receive our email updates that will include important	nt dates and events.
Student Name(s) (Optional):	
School(s) (Optional):	
Parent/Guardian:   Educator:   Other:     Interested in volunteering?  Yes:   No:	
Individual Membership (\$10)*	\$
Additional Household Member (\$5)*	
Provide a scholarship to someone else (\$10)	\$
Donation (optional)	\$
Total Enclosed:* (Checks payable to Columbia SEPTA)	\$
*Check here if you need a financial scholarship	
Would you like to learn about Missouri Disability Empowerment (MoDE)?	Yes No
Talk to us (suggestions of topics/comments, etc.)	

Return completed form and check to: Michelle Ribaudo, Columbia SEPTA, 1408 Keegan Court, Columbia, MO 65203

\_