

PghASR MEMBERSHIP APPLICATION

PITTSBURGH ASSOCIATION OF SCHOOL RETIREES

A CHAPTER OF THE PENNSYLVANIA ASSOCIATION OF SCHOOL RETIREES (PASR)

Dr. Mr. Ms. Mrs. Miss _____

Address _____

City/State/Zip _____

Telephone (including area code) _____

Email address _____

Retirement date _____ School/Department _____

If you would like to serve on a committee, please indicate your preferred committee(s) below.

_____ Social _____ Legislative _____ Social Service/Memorial Honor Fund
_____ Public Relations _____ Membership _____ Other

Dues: _____ \$15.00 Annual _____ \$150.00 Life Membership

Make check payable to ***Pittsburgh Association of School Retirees*** and return this form with your check or money order to **P.O. Box 9056, Pittsburgh, PA 15224.**

I have also joined the Pennsylvania Association of School Retirees (PASR) (Recommended) Yes ____ No ____