

THE PHILADELPHIA PUBLIC SCHOOL RETIRED EMPLOYEES ASSOCIATION

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MEMBERSHIP APPLICATION

(Please Print)

Name:				
	(First)	(MI)	(Last)	
Phone: ()		Date of Birth:/	_/
Address:				
Email Adres	ss:			
Retirement	Date:	//	Yrs. of Service:	
Would you	like to receive ir	formation about a local PA	ASR chapter? (PLEASE SPECIFY):	
Please selec	t your membershi	o option. Make check payable	e to: PASR	
	□ Annual Mem	bership Dues - \$60.00	🗆 Associate Membership Dues - \$60.	00
		🗆 Lifetime Membe	ership Dues - \$700.00	
		: Membership dues payments a	7-8742 pasr@pasr.org www.pasr.org re not deductible for federal income tax /EEKS FOR PROCESSING	