

# 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: \_\_\_\_\_ \$10.00 Annual                      \_\_\_\_\_ \$100.00 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 \_\_\_\_