

## 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