

YCPASR

(York County Pennsylvania Association of School Retirees)

York County Chapter

Application for Membership

Please complete the Application for Membership to join as a new member.

Mail the completed form with your check made payable to

YCPASR and send to:

Stephanie Jacoby

2345 Meetinghouse Rd.

Spring Grove, PA 17362

717-225-3213

The membership year is from July 1 through June 30

Please indicate the type of Membership

Annual (\$15.00)

Associate (\$15.00)*

TITLE: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

ADDITIONAL INFORMATION (Complete this section only if you are an annual Member.)

DATE OF RETIREMENT: _____

SCHOOL DISTRICT FROM WHICH YOU RETIRED: _____

POSITION YOU HELD AT RETIREMENT: _____

AREA(S) OF PROFESSIONAL CERTIFICATION: _____

ARE YOU A MEMBER OF PASR (State Association of School Retirees)?

YES

NO

IF NO, WOULD YOU LIKE MEMBERSHIP APPLICATION SENT TO YOU?

YES

NO

◆Associate Membership — Friends/Spouses/Other Relatives of School Retirees. These members may participate in functions and trips organized by the Local Chapter. They do not have voting privileges and may not hold an office.