


MEMBERSHIP APPLICATION		Phone	Date of Birth
 <b>PASR</b> Pennsylvania Association of School Retirees 878 Century Drive Mechanicsburg, PA 17055-4375		____/____/____	
	E-mail Address	Retirement Date & Yrs. of Service	
Please print name/address below:			
	Would you like to receive information about a local PASR Chapter? (Please specify.)	School District Retired From	
	Please select your membership option. Make check payable to: <b>PASR</b>  <input type="checkbox"/> <b>Annual Membership Dues ■ \$60.00</b> <input type="checkbox"/> <b>Associate Membership Dues ■ \$60.00</b> <input type="checkbox"/> <b>Life Membership Dues ■ \$700.00</b>		
Phone: 717-697-7077 ■ Fax: 717-697-8742 ■ pasr@pasr.org ■ www.pasr.org <i>Note: Membership dues payments are not deductible for federal income tax.</i> <b>PLEASE ALLOW 4-6 WEEKS FOR PROCESSING</b>			