


MEMBERSHIP APPLICATION		Phone	Date of Birth
 <p>PASR Pennsylvania Association of School Retirees</p> <p>Pennsylvania Association of School Retirees 878 Century Drive Mechanicsburg, PA 17055-4375</p>			____/____/____
		E-mail Address	Retirement Date & Yrs. of Service
<p>Please print name/address below:</p>		Would you like to receive information about a local PASR Chapter? (Please specify.)	School District Retired From
	<p>Please select your membership option. Make check payable to: PASR</p> <p> <input type="checkbox"/> Annual Membership Dues ■ \$60.00 <input type="checkbox"/> Associate Membership Dues ■ \$60.00 <input type="checkbox"/> Life Membership Dues ■ \$700.00 </p>		
<p align="center"> 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> PLEASE ALLOW 4-6 WEEKS FOR PROCESSING </p>			