

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: MR. MRS. MS. DR. (Please circle one)

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PREFERRED PHONE NUMBER: _____

E-MAIL ADDRESS: _____

(Please include an email address if you have one just in case there is an emergency such as weather cancellation, etc.)

Do you prefer to receive your newsletter via email? **YES** **NO** (Please check one.)

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

DATE OF RETIREMENT: _____

SCHOOL DISTRICT FROM WHICH YOU RETIRED: _____

POSITION YOUR HELD AT RETIREMENT: _____

AREA(S) OF PROFESSIONAL CERTIFICATION: _____

ARE YOU A MEMBER OF PASR (State Association of School Retirees)? _____ **YES** _____ **NO**

***Associate Membership – Friends/Spouses/Other Relatives of School Retirees.**

These members are welcome to participate in functions and trips organized by the Local Chapter. They do not have voting privileges and may not hold an office.