



## DCPASR MEMBERSHIP APPLICATION

Please print the following information:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

School District retired from \_\_\_\_\_ Year retired \_\_\_\_\_

E-mail Address \_\_\_\_\_

What committee would you be interested in joining? \_\_\_\_\_

Check the appropriate spaces:    (    ) New membership    (    ) Renewal

\_\_\_\_\_ \$ 20.00 - Annual    \_\_\_\_\_ \$100.00 - Life

Please make your check payable to DCPASR and mail this application and check to:

Brenda Pogue  
4330 Crestview Road  
Harrisburg, PA 17112

You will receive your DCPASR membership card from the Membership Chairperson. The membership year runs from July 1 to June 30 each year.

**Note: Membership dues payments may not be deducted for federal income tax.**