

JOIN YOUR ASSOCIATION
Membership Application Form

Annual Membership (school retiree)	\$ 60.00	\$ _____
Associate Membership (non-school retiree)	\$ 60.00	\$ _____
Life Membership	\$700.00	\$ _____
Contribution to PASR (L/PEC)		\$ _____
Total Enclosed		\$ _____

Please print the following information:

Name _____ Telephone # _____
 Street _____
 City _____ State _____ Zip _____
 E-Mail Address _____
 Date of birth _____
 Retirement date _____ Years of Service _____
 School District retired from _____
 Are you a member of a local PASR chapter? If yes, which one? _____

THERE ARE WAYS TO PAY YOUR DUES. SELECT ANY ONE OPTION BELOW:

By Check:

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

PASR
878 Century Drive
Mechanicsburg, PA 17055-4375
Phone: (717) 697-7077

Online

Visit www.PASR.org and join today!

By Credit Card:

Last Name _____
 First Name _____ Middle Initial _____
 Address _____
 City _____ State _____ Zip Code _____
 Card Type (circle one)
 Visa MasterCard Discover American Express
 Card Number _____
 Exp. Date _____
 Signature _____

To save money PASR is no longer sending PASR membership cards.

Note: Membership dues payments may not be deductible for federal income tax