



DCPASR MEMBERSHIP APPLICATION

Provide the following information:

Name _____ Birthdate _____

Street _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

School District Retired From _____ Year Retired _____

E-mail Address _____

What committee would you be interested in joining? _____

(Please take a moment and view the Committee Page on our website at www.dcpasr.org)

Would you be willing to be a school district representative for your school district? YES NO

(Please take a moment and view the District Representatives Page on our website at www.dcpasr.org)

Check the appropriate spaces in each column:

_____ \$ 30.00 Annual _____ First Year (**FREE**)

_____ \$ 80.00 Three-Year Option _____ Renewal

_____ \$150.00 Life (*one-time payment*) _____ New Membership

Please make your check payable to **DCPASR** and mail this application and check to: **Brenda Pogue, 4330 Crestview Rd., Hbg., PA 17112.**

Our membership year runs from July 1 to June 30, annually.

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