

Membership Card

Delaware Retired School Personnel Association

Your Name

is a member in good standing.

Membership expires
December 31, 2017

P.O. Box 7262
Wilmington, DE 19803
(302) 674-8252
Website: drspa.org
email: email@drspa.org

Cut along line and retain

Ms. Miss Mr. _____

2017

Mrs. Dr. _____

Last Name

First Name

M.I.

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Retired from which School District/Agency _____

I would like to receive communications by email

- | | |
|--|--------------------|
| <input type="checkbox"/> Life Membership | \$ 250.00 |
| <input type="checkbox"/> Annual Membership | \$ 30.00 |
| <input type="checkbox"/> Contribution for Legislative Activity | \$ _____ |
| <input type="checkbox"/> Archie R. Jordan Memorial Awards Fund | \$ _____ |
| | Total ... \$ _____ |

Check here to volunteer your help

*Complete and return the membership card, enclose your check payable to
DRSPA and mail to: DRSPA, P.O. Box 7262, Wilmington, DE 19803*