Membership Card Ms. Miss Mr. 2020 Mrs. Dr. ___ **Delaware Retired School** Last Name First Name M.I. **Personnel Association** Address ___ City _____ State _____ Zip ____ Your Name Phone _____ Email _____ is a member in good standing. Retired from which School District/Agency _____ Membership expires December 31, 2020 ☐ I would like to receive communications by email ☐ Life Membership\$ 250.00 ☐ Annual Membership\$ 30.00 P.O. Box 7262 □ Contribution for Legislative Activity\$ ____ Wilmington, DE 19803 ☐ Archie R. Jordan Memorial Awards Fund\$ (302) 674-8252 Website: drspa.org Total ... \$_ email@drspa.org ☐ Check here to volunteer your help Complete and return the membership card, enclose your check payable to Cut along line and retain DRSPA and mail to: DRSPA, P.O. Box 7262, Wilmington, DE 19803