Membership Card Ms. Miss Mr. 2023 Mrs. Dr. __ **Delaware Retired School** Last Name First Name M.I. **Personnel Association** Address __ City _____ Zip _____ Your Name Phone _____ Email _____ is a member in good standing. Retired from which School District/Agency _____ Membership expires $\ \square$ I would like to receive communications by email December 31, 2023 □ 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 Total ... \$ ___ Website: drspa.org ☐ Check here to volunteer your help email@drspa.org 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