

# Membership Card

## Delaware Retired School Personnel Association

\_\_\_\_\_  
Your Name

is a member in good standing.

Membership expires  
December 31, 202\_

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

*Cut along line and retain* 

Ms. Miss Mr. \_\_\_\_\_ 202\_  
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 .....	\$ 300.00
<input type="checkbox"/> Annual Membership .....	\$ 35.00
<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*

