

Retired Professionals Society
Membership Registration Form

Annual Dues: **\$35.00 per person**

Return this page with your check

Please make your check payable to:

Retired Professionals Society

Mail to:

P.O. Box 662

Pittsford, NY 14534-0662

New Member **Renewal**

First Name _____

Last Name _____

Name Preferred on Badge _____

Retired From _____

Career Experience _____

Personal Interests - Skills _____

How did you hear about RPS? _____

Phone Number _____

Email Address _____

Street _____ City _____ State, Zip _____

Will accept email meeting announcement Yes No

Would you be interested in serving on the Board Yes No

Would you be interested in helping on a Project Yes No

Check enclosed in the amount of \$ _____ for _____ persons

Do not write below this line _____ [Fiscal Year is from July 1 – June 30]

Date Received _____ Check No. _____ Member Recorded in DB

IF NEEDED, MAKE CORRECTIONS. THANK YOU