

Retired Professionals Society
Membership Registration Form

To register and pay on-line please type "rpsociety.org/members/"
on your browser and you will be directed to the RPS Membership website.

Note: You will **not need** to fill this paper form out.

Annual Dues: \$75.00 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