

**Retired Professionals Society  
Membership Renewal Form, 2024-2025**

Member #1

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

Preferred name for badge (if different than above) \_\_\_\_\_

\*Phone Number \_\_\_\_\_

\*E-mail address \_\_\_\_\_

Member # 2 at same address (if applicable)

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

Preferred name for badge (if different than above) \_\_\_\_\_

\*Phone number (if different than Member 1) \_\_\_\_\_

\*E-mail address (if different than Member 1) \_\_\_\_\_

Member(s) Address

\*Street Address \_\_\_\_\_

Street Address, line 2 \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*How do you wish to receive meeting announcements and other RPS correspondence?

(Check one)  E-mail  Postal mail

\*Do you have any changes or additions to the information you have previously submitted for the RPS database (e.g., career experiences, personal interests and skills, etc.)?

Yes  No (If yes, an RPS Board member will follow up with you.)

\*I/we are enclosing a check, payable to Retired Professionals Society for:

(Check one)  \$75.00, individual  \$125.00, 2 persons, same address

Mail your check and this completed form to:

Retired Professionals Society  
P.O. Box 662  
Pittsford, NY 14534-0662