

**Retired Professionals Society
New Members Application Form**

<p><u>Annual Dues</u> Individual: \$75 Two persons, same address: \$125 Membership Year is concurrent with Fiscal Year, July 1 – June 30</p>
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*To apply by US Mail and pay by check: Complete this form and mail with your payment to the address at bottom of the next page.
To apply online and pay by PayPal or by credit card: Use [this link](https://rpsociety.org/members/new-membership-application/) or type <https://rpsociety.org/members/new-membership-application/> into your browser. You will not need to fill out and mail this form.*

Please complete the form below. Required fields are indicated with asterisks (*).

Member #1

*First Name _____ *Last Name _____
Preferred name for badge (if different than above) _____
* Phone Number _____ ___ landline ___ mobile
*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) _____ ___ landline ___ mobile
*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

*What is your preferred method (s) of communication if we have questions or need to contact you?

(Check one) ___ Phone ___ Text ___ E-mail

*How did you hear about RPS? (Check all that apply)

___ RPS Website ___ RPS Brochure ___ RPS Business Card ___ Invited to RPS meeting by friend(s)
___ Word of mouth ___ Other (explain briefly) _____

Your application is now complete.

*However, before proceeding to the instructions for mailing your application and dues,
please continue to the next page, so we can learn a little more about you*

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For each of the categories below, please respond briefly - simply with short answers and key highlights that you wish to share.

If application is for two members, please indicate information for each. (Use additional paper if necessary.)

Thank you in advance for your replies!

Information such as this about your prior endeavors and current interests provides invaluable input to your RPS leadership to help us continue to offer high quality programs and opportunities for member engagement.

*Retired from [company/ies], if applicable: _____

*Professional experience/roles: (Note: broadly defined to include self-employed, free-lance, non-remunerative, etc.)

*Personal interests, hobbies, skills, talents: _____

Community/volunteer activities, prior and/or current: _____

Organizations, non-profits, etc., other than RPS, to which you belong: _____

*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