Retired Professionals Society Membership Renewal Form, 2024-2025

Annual Dues

Individual: \$75

Two persons, same address: \$125 **New Option!**

- o Membership Year is concurrent with Fiscal Year, July 1 June 30
- Dues notices are sent in May.
- o Prompt payment before the beginning of the new Fiscal Year on July 1 is always appreciated.

<u>To renew by US Mail and pay by check</u>: Complete this form and mail with your payment to the address below.

<u>To renew online and pay by PayPal or by credit card:</u> Use <u>this link</u> or type <u>https://rpsociety.org/members/member-renewal/</u> into your browser. You will not need to fill out and mail this form.

Required fields are indicated with asterisk	s (*).	
Member #1		
*First Name	*Last Name	
Member # 2 at same address (if applicable	e)	
*First Name	*Last Name	
*Are there any changes to the primary co	ntact information you have previ	ously submitted for the RPS database?
No Yes If yes, plea	se note the changes here:	
Member #1		
Preferred name for	badge (if different than above)	
Phone Number		
Member # 2 (if applicab	le)	
Preferred name for	badge (if different than above)	
Phone number (if d	ifferent than Member 1)	
Member(s) Address		
Street Address		
	2	
		Zip Code
How do you wish to reco	eive meeting announcements an	d other RPS correspondence?
(Check one) E-m	ail Postal mail	
*Would you like to make any changes to t (e.g. volunteer activities, interests, hobbie	_	have previously submitted for the RPS database
No Yes If yes, an R	RPS Board Member will contact y	ou.
*I/we are enclosing a check, payable to Re	etired Professionals Society for:	
(Check one) \$75.00,	individual\$125.00, 2	2 persons, same address
Mail your check and this completed form	to: Retired Professionals Society	y, P.O. Box 662, Pittsford, NY 14534-0662