

**Retired Professionals Society
New Members Application Form**

Annual Dues

Individual: \$75 Two persons, same address: \$125
Membership Year is concurrent with Fiscal Year, August 1 – July 31

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](#) or type <https://rpsociety.org/inquire/new-membership-application/> into your browser.

Please complete the form below. Required fields are indicated with asterisks (*). Page 1 of 2

Member #1

*First Name _____ *Last Name _____

Preferred name for badge (if different than above) _____

* Preferred Phone Number _____ __landline __ mobile

*Do you have an email address? __Yes __No

If yes,

*E-mail address _____ (For RPS notifications only. Not for publication.)

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) _____

For each of the categories on page 2, please respond briefly - simply with short answers and key highlights that you wish to share. 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.

Thank you in advance for your replies!

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Where did you work? (e.g. Kodak, Highland Hospital, Fairport School District, self-employed, artist)

Member 1	Member 2, if applicable

* What was your career journey? (e.g. computer programmer, teacher, office manager, CPA, engineer)

Member 1	Member 2, if applicable

Skills/Experience: Check all that apply:

Member 1	Member 2 (if applicable)	
_____	_____	Volunteer work/Community service
_____	_____	Photography drawing, painting, musician, other fine & applied arts, theatre, etc.
_____	_____	Writing/Reporting
_____	_____	Social media
_____	_____	Public Speaking
_____	_____	Marketing/Communications/Publicity
_____	_____	Board Member (Not-for0-Profit or Other)
_____	_____	Technical/Computer skills (e.g. Microsoft Word, Excel, Quicken, Photo Editing)
_____	_____	Leadership
_____	_____	Bookkeeping/Accounting/Treasurer
_____	_____	Planning/Organization
_____	_____	Certifications (e.g., CPA, CPR, EMT, etc.)
_____	_____	Other, not mentioned above (describe)
		Member 1
		Member 2 (if applicable)

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

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

Please mail your check and completed form to: Retired Professionals Society, P.O. Box 662, Pittsford, NY 14534-0662