

Retired Professionals Society
Membership Renewal Form, 2026-2027

- Membership Year is concurrent with Fiscal Year, August 1 – July 31
- Dues notices are sent in May.
- Prompt payment before the beginning of the new Fiscal Year is always appreciated.

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

To renew online and pay by PayPal or by credit card: Use [this link](#) or type <https://rpsociety.org/members/member-renewal/> into your browser.

Required fields are indicated with asterisks ().*

Member #1

*First Name _____ *Last Name _____

Member # 2 at same address (if applicable)

*First Name _____ *Last Name _____

***Confirm Contact Information:**

Member #1

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 Not for publication.)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 (if applicable)

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

Update Career Profile

This year, in order to ensure that our database is current and accurate we are asking renewing members to update their career profiles by answering the questions below. Information about your prior endeavors and current interests provides invaluable input to help us continue to offer high quality programs and opportunities for member engagement.

If application is for two members, please indicate information for each.

Please proceed to the next page. Thank you in advance for your replies!

*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:

<i>Member 1</i>	<i>Member 2 (if applicable)</i>
_____	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)
	<i>Member 1</i> <i>Member 2 (if applicable)</i>

*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 this completed form to: Retired Professionals Society
P.O. Box 662
Pittsford, NY 14534-0662