

**HENRICO RETIRED SCHOOL PERSONNEL ASSOCIATION (HRSPA)**

DATE: \_\_\_\_\_

MEMBERSHIP APPLICATION :    ( ) NEW    ( ) RENEWAL    ( ) DO NOT WISH TO JOIN or RENEW

FULL NAME: \_\_\_\_\_ NAME PREFERRED IF DIFFERENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

*If spouse is also Henrico School retiree, both of you can join for price of one – PLEASE include spouse's name:* \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

YEAR RETIRED: \_\_\_\_\_ LAST WORK LOCATION: \_\_\_\_\_ POSITION: \_\_\_\_\_  
(Teachers: Please indicate grade level and/or subject.)

<b>HRSPA Membership Dues: (check one)</b>	( ) One year @ \$ 10.00 = \$ _____
(Couples count as one membership.)	( ) Three years @ \$ 25.00 = \$ _____

<b>VRTA Membership Dues: (optional, check one)</b>	( ) One year @ \$ 15.00 = \$ _____
	( ) Three years @ \$ 45.00 = \$ _____
	( ) Lifetime @ \$ 200.00 = \$ _____

( Donor Name IF this is a gift membership \_\_\_\_\_ ) **TOTAL \$ \_\_\_\_\_**Fill in information, make checks payable to HRSPA, and mail to:Visit our website: [www.henricoretiredschoolpersonnelassociation.org](http://www.henricoretiredschoolpersonnelassociation.org)

1/11

BECKY GOSHORN  
2600 SOUTHBAY DR.  
RICHMOND, VA 23233(HRSPA Treasurer)  
  
(360-4281)**HENRICO RETIRED SCHOOL PERSONNEL ASSOCIATION (HRSPA)**

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