HENRICO RETIRED SCHOOL PERSONNEL ASSOCIATION (HRSPA)

DATE:_____

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

FULL NAME: _____ NAME PREFFERED 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.)

HRSPA Membership Dues: (check one)
(Couples count as one membership.)
(Includes @1.00 per year for HRSPA Scholarship Fund.)

( ) One year @ $ 10.00 = $_____
( ) Three years @ $ 25.00 = $_____

VRTA Membership Dues: (optional, check one)

( ) 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:

BECKY GOSHORN (HRSPA Treasurer)
2600 SOUTHBAY DR.
RICHMOND, VA 23233 (360-4281)

Visit our website: www.henricoretiredschoolpersonnelassociation.org 1/11

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FULL NAME: _____ NAME PREFFERED IF DIFFERENT: _____

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HRSPA Membership Dues: (check one)
(Couples count as one membership.)
(Includes @1.00 per year for HRSPA Scholarship Fund.)

( ) One year @ $ 8.00 = $_____
( ) Three years @ $ 20.00 = $_____

VRTA Membership Dues: (optional, check one)

( ) One year @ $ 15.00 = $_____
( ) Lifetime @ $ 200.00 = $_____

(Donor Name IF this is a gift membership _____) TOTAL $_____

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