

HENRICO RETIRED SCHOOL PERSONNEL ASSOCIATION (HRSPA)

DATE: _____

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

FULL NAME: _____ NAME PREFERRED IF DIFFERENT: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ STATE: _____ ZIP: _____ *Is any of this a change?* _____

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) () One year @ \$ 8.00 = \$ _____
(Couples count as one membership.) () Three years @ \$ 20.00 = \$ _____
(Includes @1.00 per year for HRSPA Scholarship Fund.)

VRTA Membership Dues: (optional, check one) () One year @ \$ 15.00 = \$ _____
(Joining for 3 years to coordinate with HRSPA dues () Three years @ \$ 45.00 = \$ _____
helps you keep track of renewal dates.) () 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: <http://www.cvco.org/education/hrspa/> 3/08

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