

PASR SCHOOL RETIREES MEMBERSHIP APPLICATION

Name _____

Address _____

Phone (____) _____ Zip _____

Email _____

Last School District Assignment _____

State PASR Annual Dues:	\$50.00	Amount Submitted	\$_____*
Warren/Forest PASR Annual Dues:	\$10.00	Amount Submitted	\$_____
		Total Dues Submitted	\$_____

Make check payable to: James Graziano, PASR Treasurer
 619 Prospect Street
 Warren, PA 16365

*PASR State Life Membership dues \$600. \$300 is payable with this application and \$300 one year from now. If you have questions or need additional information, please contact any Warren/Forest PASR officer or committee chairperson.