



## Membership Application

I wish to **JOIN RPEA** for the following term:

- 1 Year - \$30
- 3 Years - \$75
- 5 Years - \$125
- Lifetime - \$500

I wish to **RENEW** my membership for the following term:

- 1 Year - \$30
- 3 Years - \$75
- 5 Years - \$125
- Lifetime - \$500

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of spouse/domestic partner who will receive free membership.

\_\_\_\_\_

**I am retired from:**

- |  |  |
|--|--|
| <input type="checkbox"/> State               | <input type="checkbox"/> School District |
| <input type="checkbox"/> County              | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> City, Town, Village | <input type="checkbox"/> Not Yet Retired |

**Payment method:**

My check is enclosed (payable to RPEA)

Please charge my  Visa  MasterCard Amount \$ \_\_\_\_\_

Card number \_\_\_\_\_ Expiration \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Authorized signature \_\_\_\_\_

**Please return to:** RPEA, 165 Jordan Road, Troy, NY 12180 • **Questions?** (518) 869-2542