



Membership Application

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

- 3 Years - \$75
- 5 years - \$125
- Lifetime - \$500

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

- \$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