RPEA
Retired Public Employees Association

Membership Application

I wish to JOIN RPEA for the following term:

- ☐ 1 Year - $40
- ☐ 3 Years - $105
- ☐ 5 Years - $175
- ☐ Lifetime - $400

I wish to RENEW my membership for the following term:

- ☐ 1 Year - $40
- ☐ 3 Years - $105
- ☐ 5 Years - $175
- ☐ Lifetime - $400

First Name _____ Last Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

☐ **Opt into receiving our newsletter**

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

_____

I am retired from:

- ☐ State
- ☐ County
- ☐ City, Town, Village
- ☐ School District
- ☐ Other _____
- ☐ Not Yet Retired

How did you hear about RPEA?

_____

_____

_____

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 _____

Opt into SMS/Voice

☐ I consent to receive text messages about informational text notifications and reminders to registered organization members regarding upcoming local chapter events, meeting schedules, venue updates, and RSVP deadlines from Retired Public Employees Association, Inc at the phone number I provided. I acknowledge that my consent is not a condition of purchase. Msg & data rates may apply. Msg frequency varies. Reply HELP for assistance. Reply STOP to Opt-out of receiving messages.

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

From Website