

2019-2020 LEWISVILLE AREA RETIRED SCHOOL PERSONNEL ASSOCIATION
Membership Enrollment Form

Name _____ Address _____
(Dr., Mr., Mrs., Miss, Ms.)

City _____ State _____ Zip _____

Phone _____ Email _____ DOB _____

I retired from _____ Year _____

Please check the box below which identifies your type of membership.

Type of Membership:

- I am a Life Member (My dues are already paid to TRTA and all I owe is \$10 to LARSPA.)
- I am a Continuing Member (My TRTA dues {\$2.92} are taken out of my pension check each month and all I owe is \$10 to LARSPA.)
- I am a Draft Member (My TRTA dues {\$2.92} are taken out of my bank account each month and all I owe is \$10 to LARSPA.)
- I am a Regular Member (I owe \$45 to LARSPA for both my TRTA dues and my LARSPA dues.)
- I have paid my TRTA dues (\$35) separately and all I owe is \$10 to LARSPA.
- I am an Associate Member (I am still employed full time for an ISD or am a spouse & owe \$45 to LARSPA for both my TRTA dues and my LARSPA dues.)

TRTA Annual dues: \$35 / LARSPA Annual dues: \$10 TOTAL: \$45

Check # _____ Amount \$ _____ Date _____

Cash _____ Amount \$ _____ Date _____

Total Paid: \$ _____ **Make check payable to LARSPA and either bring this form with your money to the next LARSPA meeting or mail your dues with this enrollment form to:**

Susan Wrenn, 702 Laramie Drive, Lewisville, TX 75077