

**KIRBYVILLE RETIRED SCHOOL PERSONNEL ASSOCIATION (KRSPA)**

**MEMBERSHIP FORM FOR YEAR JULY 1, 2018--JUNE 30, 2019**

NAME \_\_\_\_\_ PHONE (Home) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CITY, ZIP CODE \_\_\_\_\_ NEW ADDRESS? Yes \_\_\_ No \_\_\_

E-MAIL ADDRESS \_\_\_\_\_ NEW E-MAIL? Yes \_\_\_ No \_\_\_

Retired from District \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Month & day of birth \_\_\_\_\_

Have you been a member of KRSPA during the last three years? Yes \_\_\_ No \_\_\_

Are you already a member of the state organization TRTA? Yes \_\_\_ No \_\_\_

Have you been a TRTA member during the past three years? Yes \_\_\_ No \_\_\_

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**DUES**

**1. STATE AND LOCAL REGULAR MEMBERSHIP: \$45**

**2. FOR MEMBERS WHO PAY STATE DUES BY PAYROLL DEDUCTION: \$10** (for local dues)

**3. ASSOCIATE MEMBERS: \$45** (state and local dues)

**AMOUNT PAID TO KRSPA:** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**MAIL THIS FORM TO:** Laura Adams; P. O. Box 1047; Kirbyville, TX 75956

**FOR TREASURER:**

Membership paid by cash \_\_\_\_\_ or check # \_\_\_\_\_ Date \_\_\_\_\_