

For Membership Year 2019-2020
Amarillo Association of Retired School Personnel
Membership Form
July 1 through June 30

Check if New Member _____

Please write your name as you wish it to appear in the directory.

Circle one: Dr. Mr. Mrs. Miss Ms.

_____ (____) _____
Last First MI Telephone

_____ _____ _____ _____
Street City State Zip

E-mail Address _____

Please check your membership status below. If you are unsure, please contact your membership chair or treasurer for confirmation.

_____ Regular AARSP membership includes state (\$35) and local (\$15) dues. _____ \$50

_____ AARSP membership available to those who directly pay TRTA.
(This includes Life Memberships) _____ \$15

_____ Associate Member (Available ONLY for those not a member of TRS) _____ \$42

Enclosed is my check for \$ _____

Please make checks payable to: AARSP

Mail to: AARSP, P.O. Box 7622, Amarillo, TX 79114-7622

Revised 3-1-2019