

**STATE**

**PASR Membership or Renewal**

**Check Payable to PASR**

**\$60.00/year ~ \$150 for three years ~ Life Member \$700**

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

County of Last Service \_\_\_\_\_

Email address: \_\_\_\_\_

**PASR**  
Pennsylvania Association of School Retirees