

CCPASR Membership Application or renewal

Annual \$20

Associate \$20

Name _____ Phone (____) _____

Address _____ City/Zip _____

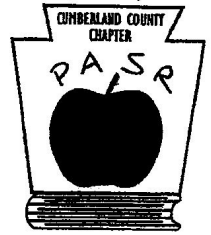
Current Email address _____

Total enclosed _____

If you are a new member, please complete the following:

District from which you retired _____ Year _____

(initial) _____ Permission granted for CCCPASR to use my photo in any publication for the duration of my membership



Please enclose a self-addressed, stamped envelope

and mail to M. Joann Handshew

110 Lurgan Avenue, Shippensburg PA 17257

Phone: 717-477-2173