

**HENRICO RETIRED SCHOOL PERSONNEL ASSOCIATION (HRSPA)**

DATE: \_\_\_\_\_

MEMBERSHIP APPLICATION : ( ) NEW ( ) RENEWAL ( ) DO NOT WISH TO JOIN or RENEW

FULL NAME: \_\_\_\_\_ NAME PREFERRED IF DIFFERENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

If spouse is also Henrico School retiree, both of you can join for price of one – PLEASE include spouse’s name: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

YEAR RETIRED: \_\_\_\_\_ LAST WORK LOCATION: \_\_\_\_\_ POSITION: \_\_\_\_\_  
(Teachers: Please indicate grade level and/or subject.)

HRSPA Membership Dues: (check one) ( ) One year @ \$ 10.00 = \$ \_\_\_\_\_  
(Couples count as one membership.) ( ) Three years @ \$ 25.00 = \$ \_\_\_\_\_

VRTA Membership Dues: (optional, check one) ( ) One year @ \$ 20.00 = \$ \_\_\_\_\_  
( ) Three years @ \$ 60.00 = \$ \_\_\_\_\_  
( ) Lifetime @ \$ 200.00 = \$ \_\_\_\_\_

( Donor Name IF this is a gift membership \_\_\_\_\_ ) TOTAL \$ \_\_\_\_\_

Fill in information, make checks payable to HRSPA, and mail to:

Visit our website: [www.hrspa.org](http://www.hrspa.org)

3/17

BECKY GOSHORN  
2600 SOUTHBAY DR.  
HENRICO, VA 23233

(HRSPA Treasurer)  
(360-4281)

**HENRICO RETIRED SCHOOL PERSONNEL ASSOCIATION (HRSPA)**

DATE: \_\_\_\_\_

MEMBERSHIP APPLICATION : ( ) NEW ( ) RENEWAL ( ) DO NOT WISH TO JOIN or RENEW

FULL NAME: \_\_\_\_\_ NAME PREFERRED IF DIFFERENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

If spouse is also Henrico School retiree, both of you can join for price of one – PLEASE include spouse’s name: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

YEAR RETIRED: \_\_\_\_\_ LAST WORK LOCATION: \_\_\_\_\_ POSITION: \_\_\_\_\_  
(Teachers: Please indicate grade level and/or subject.)

HRSPA Membership Dues: (check one) ( ) One year @ \$ 10.00 = \$ \_\_\_\_\_  
(Couples count as one membership.) ( ) Three years @ \$ 25.00 = \$ \_\_\_\_\_

VRTA Membership Dues: (optional, check one) ( ) One year @ \$ 20.00 = \$ \_\_\_\_\_  
( ) Three years @ \$ 60.00 = \$ \_\_\_\_\_  
( ) Lifetime @ \$ 200.00 = \$ \_\_\_\_\_

( Donor Name IF this is a gift membership \_\_\_\_\_ ) TOTAL \$ \_\_\_\_\_

Fill in information, make checks payable to HRSPA, and mail to:

Visit our website: [www.hrspa.org](http://www.hrspa.org)

3/17

BECKY GOSHORN  
2600 SOUTHBAY DR.  
HENRICO, VA 23233

(HRSPA Treasurer)  
(360-4281)