

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 = \$ _____
 - () Three years @ \$ 25.00 = \$ _____
- (Couples count as one membership.)
- 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

7/20

BONNIE THOMPSON
2222 OAKBAY LANE
HENRICO, VA 23233

(HRSPA Treasurer)

(901-3576)

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