

**PENNSYLVANIA ASSOCIATION
of
RETIRED SCHOOL ADMINISTRATORS
(PARSA)**

Membership Application – 2010-11

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Last Full-Time Position Held: _____

Name of District: _____

Retirement Date: _____

Date of Birthday: _____

Spouse's Name: _____

Wedding Anniversary Date: _____

Annual dues of \$12.00 should accompany this application. (Save by paying dues: 2 years \$20.00; 3 years \$30.00; 4 years \$38.00.) Make check payable to **PARSA**. Give or send this application to me or a sponsoring member of **PARSA**. Member sign below and give application to the sponsoring member or mail to Thomas J. Tracy, Jr., Membership Chairman, P. O. Box 190, Honey Brook, PA 19344. All applications must be approved by the Executive Committee.

New Member Proposed By: _____

Date: _____