

New Retiree Information / Membership Form

As a retiree of the Denver Public Schools, I would like to join the DPSREA.

Name _____

Address _____

City, State, Zip _____

Telephone _____

Email _____

Date Retired _____ Birth Date _____

Signature _____

Makes check payable to DPSREA

- Annual Membership Dues \$15.00

Please return this entire form to:
DPSREA
Mrs. Carole Maschka
4152 W Greenwood Place
Denver, CO 80236-2441

Thank you for your membership in DPSREA.