

DENVER PUBLIC SCHOOLS RETIRED EMPLOYEES' ASSOCIATION (DPSREA)

Membership Form

Name: _____

Permanent Address: _____

City, State, Zip: _____

Telephone: _____ Cell Phone: _____

Email: _____

Secondary Address: _____

City, State, Zip: _____

Months secondary address is relevant: _____

Birth Date: _____

Signature: _____

One of the benefits of becoming a member of DPSREA is to receive your Quarterly Connection Newsletter. How would you like to receive your newsletter?

- via email
- via US Mail

*Our Annual Membership Dues = \$15.00
Please make your check payable to DPSREA*

Please return this form and your check to:

DPSREA
Barb Keiser
8349 Flora St., Unit A
Arvada, CO 80005-5916

Thank you for your membership in DPSREA.