

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 Forsyth
2594 S Vrain St
Denver, CO 80219-5643

Thank you for your membership in DPSREA.