MANHASSET SCHOOL RETIREES

Manhasset Public Schools Retirement Chapter # 19-055
NYSUT ED 19
MEA -- MESPA -- MASA
C/O 18 ORCHARD STREET PORT WASHINGTON, NY 11 050

MEMBERSHIP APPLICATION FORM – 7/1/26 – 6/30/27

○ **NEW??** NAME _____

○ **NEW??**DDRESS _____

_____

○ **NEW??** Home Phone _____Cell Phone #_____

○ **NEW??** E-MAIL ADDRESS_____

○ *PLEASE CHECK HERE IF YOU WOULD YOU PREFER TO RECEIVE HARD COPIES OF ANNOUNCEMENTS AND NEWSLETTERS*

YEAR RETIRED_____HS MS MP SR CO (Circle one)

BIRTHDATE ____(M) _____(D) _____(YEAR IF YOU WANT!)

( ) I have some news/comments/questions to add to our next newsletter_____

( ) I am 80 years of age or more (no dues payment required) Some members donate their dues to support our activities.

( ) Activities I would like to hear about or attend_____

_____

( ) **I would like to become a member of the Board!!**

○ I am enclosing a check in the amount of $25 for the year 26/27

○ I am enclosing a check in the amount of $65 for the year 26/27 27/28 28/29

PLEASE MAKE YOUR CHECK OUT TO MANHASSET SCHOOL RETIREES

AND RETURN IN THE PROVIDED ENVELOPE

○ I paid dues through ZELLE – Date_____Amount $_____Name?_____

○ I paid dues through VENMO - Date_____Amount $_____Name?_____