

## WEST VIRGINIA ASSOCIATION OF RETIRED SCHOOL EMPLOYEES

## WVARSE MEMBERSHIP APPLICATION

Dues for Fiscal Year July 1, 2017 - June 30, 2018

**Step 2: Tell Us About Yourself** 

## **Step 1: Membership Type**

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Select a membership then add \$5 for you		Please Print Name	: (Name as	it appears (	on your retirement che	Middle	Date
□ State Life Membership: \$100.00		Street Ad	Idress				
☐ Annual State Dues:	\$ 10.00	City				State	Zip
☐ Donation Amount:	\$	Old Addre	ess if Ch	anged			
Annual County Dues:	\$ 5.00	Phone (	)	<u> </u>	Retired From		
Total:	\$		′			(Name of County	College, University, Other
Make checks payable to WVARSE.		Email					

Please send completed application and payment to: WVARSE 200 Elizabeth Street

Charleston, WV 25311

For questions, contact WVARSE Membership Clerk Rita Hammond at 304-623-0929. Dues are not tax deductible.