MEMBERSHIP APPLICATION – NEW MEMBERS
Philadelphia Public School Retired Employees Association

PPSREA LOCAL MEMBERSHIP

❑ Life ($150) ❑ Annual ($15) ❑ Associate ($10)

Name:_____ **SS#: last four digits** _____
Last Name **First Name** **MI** **# # # #**

Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth: _____ **Phone: ( )** _____

Retirement Date: _____ **Position:** _____

Personal Email Address: _____@_____

Signature: _____ **Date:** _____/_____/_____

Make Checks payable to PPSREA **Return to PPSREA 440 North Broad (Office #1015) Street Philadelphia, PA 19130**