



# KARSP MEMBERSHIP 2017

Return this form and your check to a local KARSP unit or mail to:

KARSP Membership  
1420 SW Arrowhead Rd, Suite 100  
Topeka, KS 66604

Annual KARSP dues are **\$15.00** Amount enclosed: \_\_\_\_\_ Date: \_\_\_\_\_

Circle One: Miss, Ms, Mrs., Mr., Dr.

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Retirement Date: \_\_\_\_\_

School District or Educational System from which You Retired: \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Lifetime Membership Dues 2017

Born Before	Life Membership
1 - 01 - 1937	\$60
1 - 01 - 1942	\$135
1 - 01 - 1947	\$210
1 - 01 - 1952	\$285
1 - 01 - 1957	\$360
1 - 01 - 1962	\$435