



Date _____



Ennis Retired School Personnel Association

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

New Members Only

**Birthday: Month: _____ Day: _____*

**District retired from: _____ Year: _____*

PAYMENT OPTIONS (check all that apply). Make checks payable to **Ennis RSPA.**

_____ Joining/Rejoining TRTA and ERSPA at this time for **\$45**. Amount: \$ _____

_____ My TRTA is automatically deducted. I am joining ERSPA Local for \$10. Amount: \$ _____

_____ I am a Local Life member. I wish to join TRTA for \$35. Amount: \$ _____

_____ I want to donate to the Scholarship Fund (optional). Amount: \$ _____

_____ I want to donate to the Teachers Foundation Fund (optional). Amount: \$ _____

_____ I want to donate to the Children's Book Fund (optional). Amount: \$ _____

**Mail to: Benita Miller
311 Santa Fe Trail
Waxahachie, TX 75165**

Total: \$ _____

Check#: _____

I am interested in serving on one of these ERSPA Committees:

_____ **Book Project** _____ **Scholarship** _____ **Social** _____ **Volunteer Services**