

Hood County Retired School Personnel Association

Established in 1969

An Affiliate of the Texas Retired Teachers Association

MEMBERSHIP FORM 2025-2026

PLEASE: PRINT AND USE ONE FORM FOR EACH PERSON.

Legal Name _____
(Circle one.) Ms. Mrs. Mr. Dr. (Circle one.)

Mailing Address:

Street or P.O. Box Number _____ City _____ State _____ Zip _____ 4-digit number _____

Telephone Number _____ (number for directory)

*E-mail address. (Printed Discretely)

* Check here if you do not want your email printed in the directory. _____

I receive or am eligible to receive an annuity from the Texas Retirement System (TRS): ____ Yes ____ No

Check the appropriate membership box.

Annual Cost

- | | | |
|---|---------|----------|
| ☐ New Member (\$35 for TRTA + \$10 for HCRSP) | \$45.00 | \$ _____ |
| ☐ Renewing Membership (\$35 for TRTA + \$10 for HCRSP) | \$45.00 | \$ _____ |

Choose one option below.

- | | | |
|--|---------|----------|
| ☐ I (or a friend) will pick up my HCRSPA Directory. | \$.00 | \$ _____ |
| ☐ I do not want an HCRSPA Directory. | \$.00 | \$ _____ |
| ☐ I want my HCRSPA Directory mailed to me via first class mail. | \$ 2.00 | \$ _____ |

TOTAL AMOUNT \$ _____

I joined because of

(Name of person who influenced you to join)

I want to volunteer for the following committee: (please circle choice(s) Legislative, Membership, Program, Community Service, Informative & Protective Services, Public Relations/Programs, Health Care, Telephone, Retirement Education, Member Benefits, Foundation Representative, Technology Contact
List other interests. _____

Make your check payable to Hood County Retired School Personnel Association or HCRSPA.

Please send this membership form and your dues to the HCRSPA Treasurer
Betty Kirkhart
223 Cogdell St., Granbury, TX 76048