2025-2026 LEWISVILLE AREA RETIRED SCHOOL PERSONNEL ASSOCIATION
Membership Enrollment Form

Legal Name_____ Address _____
(Name you go by if different) _____

City_____ State _____ Zip _____

Phone _____ Email _____ DOB _____

I retired from _____ Year _____

Please check the box below which identifies your type of membership.

Type of Membership:

☐ I am a Continuing Member (My TRTA dues {$2.92} are taken out of my pension check each month and all I owe is $10 to LARSPA.)

☐ I am a Bank Draft Member (My TRTA dues are taken out of my bank account each yearly and all I owe is $10 to LARSPA.)

☐ I am a Regular Member (I owe $45 to LARSPA for both my TRTA dues and my LARSPA dues.)

☐ I have paid my TRTA dues ($35) separately and all I owe is $10 to LARSPA.

☐ **Check here** if you are eligible or receive an annuity check from Texas Retirement System of Texas.

☐ **Check here** if you do not want your email address printed in our year book.

TRTA Annual dues: $35 / LARSPA Annual dues: $10 TOTAL: $45

☐ Check #_____Amount $ _____ Date _____

☐ Cash _____ Amount $ _____ Date _____

Total Paid: $ _____ Make check payable to LARSPA and either bring this form with your money to the next LARSPA meeting or mail your dues with this enrollment form to:

Karen Hames 5946 Carroll Dr. The Colony, Tx 75056

***If you are a New Member, who recruited you? _____