Membership # _____ M / MA

Arlington Retired School Employees Association
State/Local Membership form for July 1, 2025– June 30, 2026

Legal First & Last Name Preferred Name

Address City, ST Zip

Circle one: Cell or Home

*Email Phone

I receive or am eligible to receive an annuity from the Texas Retirement System (TRS): ____ Yes ___ No
*If you do not want your email published in the directory check here. _____

I am paying for: ____ State Dues $35 and Local Dues $10 $ 45
____ I want a Printed Directory (Digital directory sent free) $ 5
____ Contribute to the Scholarship Fund (write in amount) _____
____ Contribute to the Children's Book Project (write in amount) _____
____ Contribute to the ARSEA Grant Fund (write in amount) _____
Total _____

Make Check payable to: **ARSEA** Check# _____
Mail To: **ARSEA**, **7106 Royal Gate Dr., Arlington, TX 76016**