

## PARA DUES REMITTANCE FORM

P.A. Employee

P.A. Retiree

Year

**Please print or type:**

		(	)
_____	_____	_____	_____
Last Name	First Name	Home Phone	
_____		_____	_____
Address	Town	State	Zip Code
E-mail	_____		

### **Please Check:**

Has your name, address or telephone number changed?  Yes  No

Enclosed is \$5.00 annual membership dues for period of June 2009 through May 2010

Enclosed is \$\_\_\_\_\_. I would like to contribute as a sponsor. Receipts in excess of annual dues are credited as sponsor contributions.

*Please only make checks payable to: **Port Authority Retirees Association, Inc.** Retain cancelled check as your receipt.*

Mail with Remittance Form (envelope provided) to: Port Authority, Retirees Association, PO Box 5, Lakehurst, NJ 08733-9998