DUES REMITTANCE FORM

___ PA/PATH Employee
___ PA/PATH 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 $10.00 annual membership dues for period of January 1, 2012 through December 31, 2012

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

Please 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, Inc., PO Box 7493, Monroe Township, NJ 08831