

PARKLAND RETIREES ORGANIZATION (PROs)

MEMBER REGISTRATION/RENEWAL

NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

TELEPHONE _____ E-MAIL _____

MONTH/YEAR RETIRED FROM PARKLAND: _____

LAST DEPARTMENT WORKED @ Parkland: _____

_____ YES, I agree to have my information included in our membership directory.

_____ No, I do not agree to have my information included in our membership directory.

_____ Check here if you prefer to receive correspondence via email.

_____ Check here if you are willing to volunteer at PROs events and activities

NEW AND RENEWING ANNUAL MEMBERSHIP FEE:

_____ **\$15.00**

_____ **Free will donation toward working fund (printing, stamps, website, etc.)**

_____ **Total enclosed**

Make checks payable to: Parkland Retiree Organization

Return registration form and check to:

Ruth Borden

6445 Loma Vista Drive

Watauga, Texas 76148

phone 817-229-5889

HOW DID YOU HEAR ABOUT THE PROs?

Parkland Retirement Packet/Mailing _____

Friend/Coworker _____ **Who Referred you?** _____

Parkland Intranet Information _____

Other? _____

For Treasurer use only: Check received: _____ Check # recorded _____ Add to Check in List _____ Email

info to Board Members & Steve Gegens: _____ Give to Membership _____

For Membership use only: Update to Directory: _____ Update to Membership list _____

Update to mailing address list _____ Name Badge made _____

Updated: 8/12/2022