RC 10 SUSTAINING MEMBERSHIP FORM July 1, 2024-June 30, 2025

SEND TO: Davia Dymond, Membership Director

32 Appletree Lane Clifton Park, NY 12065

Questions: rc10membership@aol.com

Perm Sus	Ck No
Sus	Date
Soc	Amt
Scholarship	Yrs
MAIL WEB	This section is for Office Use

PLEASE PRINT ALL INFORMATION AND FILL IN ALL BLANKS

First Name:	Middle Name	Middle Name:		_ Last Name:	
(If this is a name change, ir	dicate previous name)				
Street:		City:		Zip:	
Phone: (H)	(Cell)	Email:			
retired in (year) from		District in		County	
as aTeacher	Counselor	Medical	School Related	d Professional	
If you are interested in	volunteering with RC 10), contact rc10commun	nications@gmail.com.		
********	**********	******Do Not Separate*****	*********	*******	
Membership: Make Memb	pership checks payable to: NY	SUT Retiree Council 10 ar	nd complete the following	I	
	Please place a	an X before the correct sta	atement:		
	21 years or more (since	2004), an annual pension oce 2004 or before) with no 2004 or before) and \$	fee to support RC 10.		
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	se a SEPARATE CHECK** m as a donation for the			-	
*********	**********	** Do Not Separate *******	*******	********	
ONLY Fee-Paying Membe Florida:	rs (Teachers or SRPs) of <u>a d</u>	ifferent Retiree Council (ı	not RC 10) who are in New	v York State or	
I would like t	o become a SOCIAL MEMBE	R and am including \$20.			
I retired in (year) f	rom		District in	County	
CUT	HERE AND KEEP THE	SECTION BELOW	FOR YOUR RECO	RDS	
	Keep this section as your No Membersh	2024-2025 RC 10 Member nip Card or receipt will be		7	
Date Paid:	Check Numbe	r:	Amount:		