



# KARSP MEMBERSHIP 2025

Return this form and your check to a local KARSP unit or mail to:

KARSP Membership  
1019 Darlow Dr  
McPherson, KS 67460  
Phone: 620-200-0526

RENEWAL \_\_\_\_\_ NEW \_\_\_\_\_

Annual KARSP dues are **\$25.00** Amount enclosed: \_\_\_\_\_ Date: \_\_\_\_\_

Circle One: Miss, Ms, Mrs., Mr., Dr.

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Retirement Date: \_\_\_\_\_

School District or Educational System from which you retired: \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

IF ANY OF YOUR INFORMATION HAS CHANGED SINCE 2024, PLEASE INCLUDE THE NEW INFORMATION ABOVE! THANKS.