

Milwaukee Public Schools  
***Retired Administrators & Supervisors' Council, Inc.***

811 N. Hawley Road Suite 104 Milwaukee, WI 53213 Telephone (414) 453-4400

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Alternate # \_\_\_\_\_

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

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

Attached is my check for annual membership dues in the amount of **\$45.00.**

*The enclosed form must be filled out and returned to the ASC for annual membership.*

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Check # \_\_\_\_\_

*(Return **ONE** copy to the ASC with your check or money order)*

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*Please keep one copy as your receipt. Thank you for your membership.*