



PORT AUTHORITY RETIREES ASSOCIATION 2019 DUES REMITTANCE FORM

Please print or type:

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone () _____ E-Mail Address _____

__ **P.A./PATH Employee** __ **P.A./PATH Retiree** __ **Year Retired**

Please Check:

Has your name, address, telephone number or email changed? Yes No

Sign up for PARA's eBulletins at www.paranynj.org

__ Enclosed is \$10.00 annual membership dues for period of January 1 through December 31, 2019.

*Please note: Payments to PARA (dues or sponsor contributions) are **NOT** tax deductible.*

__ Enclosed is \$ _____. I would like to contribute as a sponsor.

Receipts in excess of annual dues are credited as sponsor contributions.

Please only make checks payable to:

Port Authority Retirees Association, Inc. Retain cancelled check as your receipt.

Mail to:

**Port Authority Retirees Association, Inc.
P.O. Box 7493
Monroe Township, New Jersey 08831-7493**