ASSA-RETIRED 2025-26 Interests

Date:

First Name: _			
Last Name:			
Personal Email:			
Cell Phone:			
Former Employer:			_
Home Address:			
City: _			
State: _			
Zip: _			
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	Y PARTICIPATING I ☐ Writing		
MEMBERS BY ☐ Phone Bank/	/ PARTICIPATING I Writing postcards	N: check all that apply ☐ Help at new	
MEMBERS BY □ Phone Bank/ Calling educators	/ PARTICIPATING I Writing postcards	N: check all that apply ☐ Help at new	
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