BCSRA
Brighton Central Schools Retirees' Association
Membership Form

Name _____ Date ____/____/_____
(Last) (First)

Street _____

_____

City _____ State _____ Zip _____

Phone _(_____)_____

E-mail address _____

Summer address? _____

_____

Phone: __(_____)_____

Year you retired from the Brighton Central School District _____

Position you held in Brighton _____

Membership dues: $10.00 annually, renewable each September.
Make check payable to *BCSRA*, and send to:

Gail Daugherty, Treasurer BCSRA
30 Towpath Lane
Rochester, NY 14618
(585-473-0254)