Tennessee Retired Teachers Association Enrollment Form

Name: _____
First MI Last

Address: _____
Street

_____
City State

Postal Code

Phone # (_____) _____-_____

Email _____

Local Association_____

Member Signature_____

Date: _____

Unified membership is required if you retired after August 1992. You must belong to NEA-Retired, TRTA and the local Association to be a unified member

Member #_____

NEA-Retired Annual Membership $_____

TRTA Annual Membership $_____

Local RTA Annual Membership $_____

Total Dues paid $_____

Check # if paying by Check _____

Optional Automatic Dues Withholding from your TCRS Pension Check

I hereby authorize TCRS to deduct the following due from my TCRS pension check. I agree that the dues shall be deducted until such time as I notify TRTA and TCRS in writing that I no longer wish to have such dues deducted.

Authorization signature

_____

SS# if payroll deduction

_____-___-_____

Date:_____

NEA-Retired Annual Dues _____ **per month**
TRTA Annual Dues _____ **per month**
Local Annual Dues _____ **per month**

Clip this membership form and take it to a friend. We must all work together to protect our future. Give the completed form to your local RTA treasurer or membership chair.

NEA Retired Annual Dues $30 TRTA Annual Dues $25

Check with your local treasurer concerning local dues.