

Tennessee Retired Teachers Association
Enrollment Form

Name _____
 First MI Last
 Address _____
 Street
 _____ 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 \$__30.00__
 TRTA Annual Membership \$__25.00__
 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

Complete, clip and mail to TRTA, 801 Second Avenue North, Nashville, TN 37201-1099. Please enclose check **if paying annually**. **Do NOT enclose check if paying by TCRS pension reduction** unless you are paying for NEA-R Life dues which are \$250.00 and that check is made payable to NEA-R.

