



2018-2019 KRTA MEMBERSHIP CASH ENROLLMENT FORM



Name _____ KTRS ID # _____

Address _____

Street and Number, Box or Route Number

City or Town

State

Zip Code

() -

Phone Number

Email Address

County Retired Teacher Association

I am enclosing my Check # _____ for \$20 to pay my membership in the Kentucky Retired Teachers Association for the period ending June 30. I am a:

New Member

Renewal

Associate Member

SEND FORM AND CHECK TO THE ADDRESS BELOW

Kentucky Retired Teachers Association

7505 Bardstown Road

Louisville, KY 40291-3234

Phone: (502) 231-5802 or 1-800-551-7979

KRTA dues are not deductible as a charitable contribution for income tax purposes

Serving Retired Teachers Since 1957

7-1-18