



## KRTA MEMBERSHIP CASH ENROLLMENT FORM

NAME \_\_\_\_\_ LAST 4 of SS and 6 DIGIT DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street and Number, Box or Route Number City 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

Date Of Retirement: \_\_\_\_\_ I am a: \_\_\_ New Member \_\_\_ Renewal \_\_\_ Associate Member

**Membership: June 30-July 1 of the following year**

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

**Serving Retired Teachers Since 1957**

**SEND FORM AND CHECK TO THE ADDRESS BELOW:**

Kentucky Retired Teachers Association

7800 Leaders Lane

Louisville, KY 40291

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