



KRTA MEMBERSHIP CASH ENROLLMENT FORM

NAME _____ LAST 4 of SS and 8 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 **\$25** 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