

LRTA Membership Form

Louisiana Retired Teachers Association
9412 Common St., Suite 5, Baton Rouge, LA 70809

Circle One: Miss, Ms., Mrs., Mr., Dr.

Name: _____

Social Security No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Are you a member of a local unit? _____

Local unit name: _____

Signature: _____ Date: _____

LRTA Membership Options

LRTA annual dues include membership from April 1-March 31 the following year. Several choices are available for payment of LRTA dues.

Please indicate your preference below:

____ Annual Member Dues--\$25 (check enclosed)

____ Life Member Dues--\$500 (check enclosed)

____ Annual Associate Dues--\$10 (check enclosed)

____ Continuous Member--\$25 (deduction authorized) I authorize the Teachers' Retirement System of Louisiana to deduct my LRTA dues from my retirement check annually on April 1. I understand that I may cancel this authorization at any time by written request to the LRTA office.

Please make checks payable to LRTA and mail with the membership form to the LRTA office.

Note: Dues paid to LRTA are NOT deductible as charitable contributions for federal income tax purposes.

Reminder: Please support your local and district units through your dues and your participation.

Using your browser's print function, print this form, fill it out and mail to LRTA, 9412 Common St. Suite 5, Baton Rouge, LA 70809.