

## Membership Form: AUSTIN RETIRED TEACHERS ASSOCIATION (ARTA)

### ANNUAL ARTA & TRTA MEMBERSHIP DUES – Supporting ALL Retired School Personnel

To be a member of ARTA, you must **ALSO** be a member of the *TEXAS RETIRED TEACHERS ASSOCIATION*(TRTA) Please pay **BOTH** your membership dues online at our ARTA Website:

<https://austintrta.org/membership>

*or*

*IF YOU DO NOT WISH TO USE THE ARTA WEBSITE*, please complete this form **AND SEND IT WITH** a check payable to **ARTA** for **\$50.00**

**\*\*If you have your TRTA membership dues deducted monthly or annually by TRS, TRTA or AMBA, please *COMPLETE THIS FORM AND SEND IT WITH* a check payable to **ARTA** for **\$15.00****

QUESTIONS ABOUT PAYMENT: DADISHNER@ATT.NET

**Mail to:**

**Tony Dishner, ARTA Treasurer**  
**2218 Speidel Drive**  
**Pflugerville, TX 78660-5067**

**NAME** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP CODE** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**CIRCLE:** Do you want to be contacted by the ARTA Telephone Tree for meeting reminders? **YES NO**

Do you want your phone number and address listed in the ARTA Yearbook? **YES NO**

**For new members only:** Please list the name of recruiter: \_\_\_\_\_

➔ If you would like to pay by credit card, complete your card information on the back of this form and mail to Tony Dishner, ARTA Treasurer.


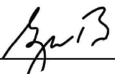
Other questions about membership and support please contact us at tamf5683@gmail.com or bonnie@bonniecros.com Thank you for your membership and support,  
Terry Morganti-Fisher and Bonnie Cross, ARTA Membership Committee Co-chairs


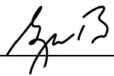
**For treasurers' use only:**

TRTA Member#  _____	Payment Date:  _____	Payment Amount: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Credit Card/Debit _____
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- ➔ If you would like to pay by credit card, please complete your card information and mail this form to **Tony Dishner, ARTA Treasurer**  
**2218 Speidel Drive**  
**Pflugerville, TX 78660-5067**

Please charge my card: <input type="checkbox"/> Am Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Card Number:	
Expiration Date:	Amount: <input type="checkbox"/> <b>\$52.00</b> (\$50.00 dues + \$2.00 fee)
CVC Code:	<b>or</b>
Zip Code:	If you have your TRTA membership dues deducted monthly or annually by TRS, TRTA or AMBA, please pay
	Amount: <input type="checkbox"/> <b>\$17.00</b> (\$15.00 dues + \$2.00 fee)
Signature _____	

	DATE <input type="text"/>	1234
PAY TO THE ORDER OF<	<b>ARTA</b>	\$ <b>50.00</b>
	<i>Fifty dollars and 00/00</i>	DOLLARS
FOR:	<b>ARTA and TRTA dues paid together</b>	
⑈23456789 ⑈890 567⑈		

	DATE <input type="text"/>	1234
PAY TO THE ORDER OF<	<b>ARTA</b>	\$ <b>15.00</b>
	<i>Fifteen dollars and 00/00</i>	DOLLARS
FOR:	<b>ARTA dues</b>	
⑈23456789 ⑈890 567⑈		