



**Knox County Retired Teachers Association**  
 711 Hall of Fame Drive  
 Knoxville, TN 37917  
 knoxretiredteachers.com



## ARE YOU RETIRING?

Since 1957, KCRTA / TRTA has been working to improve the lives of retired educators. KCRTA / TRTA is the only organization working to improve retiree benefits.

- KCRTA / TRTA advocates and lobbies for retiree pension (TCRS) and health insurance.
- KCRTA provides an opportunity for fellowship, community service, and timely information on issues involving retirement.
- KCRTA / TRTA membership entitles you to discounts for Hearing tests and Hearing aids through HEAR in America.
- KCRTA / TRTA membership includes the ACCESS DISCOUNT PROGRAM through TEA.
- NEA-R membership enables you to maintain your NEA insurance, credit cards, travel, car rental, cell phone discounts, and all other NEA member benefits.

	<b>UNIFIED DUES</b>
NEA-Retired Lifetime	<b>\$300</b> one-time payment <i>(check payable to NEA-Retired or cash)</i>
NEA-Retired Annual	<b>\$35</b>
TRTA Annual	<b>\$25</b>
KCRTA Annual	<b>\$10</b>

*You may opt to have your dues withheld from your pension check (one-twelfth of the total will be deducted each month) OR pay by check annually to KCRTA, 711 Hall of Fame Drive, Knoxville, TN 37917. Please send the form below along with your check.*

**Tennessee Retired Teachers Association Enrollment Form**

Name: \_\_\_\_\_  
           First                    MI                    Last

Address: \_\_\_\_\_  
   Street

  City  State

Postal Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Email \_\_\_\_\_

Local Association \_\_\_\_\_

Member Signature \_\_\_\_\_

Date: \_\_\_\_\_

*Unified membership is required if you retired after August 1992. You must belong to NEA-Retired, TRTA and the local Association to be a unified member*

**Member #** \_\_\_\_\_

NEA-Retired Annual Membership \$ **35**

TRTA Annual Membership \$ **25**

KCRTA Annual Membership \$ **10**

Total Dues paid \$ **70**

Check # if paying by Check \_\_\_\_\_

\_\_\_\_\_

Association Officer

**Optional Automatic Dues Withholding from your TCRS Pension Check**

I hereby authorize TCRS to deduct the following dues from my TCRS pension check. I agree that the dues shall be deducted until such time as I notify TRTA and TCRS in writing that I no longer wish to have such dues deducted.

**Authorization signature**  
 \_\_\_\_\_

**SS# if pension deduction**  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date:** \_\_\_\_\_

NEA-Retired Annual Dues	<u>\$2.92</u> per month
TRTA Annual Dues	<u>\$2.08</u> per month
Local Annual Dues	<u>\$0.83</u> per month