



NDRTA Membership Enrollment

Name _____

Telephone _____

Email _____

Address _____

City _____ State _____ Zip _____

***Check Before Your Choice of Payment Method
Membership to take effect July 1st of each year***

____ **Preferred Method:** I request voluntary withholding of \$30.00 for annual membership dues in the North Dakota Retired Teachers Association from my July annuity payment from the North Dakota Teachers' Fund for Retirement to remain in effect until I choose to terminate by written notice to the North Dakota Teachers' Fund for Retirement prior to June 15th of any year. (Request for voluntary withholding for the first year must be received by June 15th.)

Year Retired _____ SSN _____ - _____ - _____ **OR**

TFFR Person ID _____

(Signature and either SSN or TFFR ID required for payroll deduction)

Signature: _____ Date: _____

OR

____ **Annual Payment by mail:** Enclose form with name and contact information, along with \$30.00 for an annual membership payable by June 30th of each year.

Mail completed form to:
NDRTA: PO BOX 1865
MINOT, ND 58702