



*Serving Retired Teachers Since 1957*

**KRTA ENROLLMENT FORM**

(Automatic Dues Deduction)

*See reverse side for important income tax information.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
KTRS ID No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County Association

\_\_\_\_\_  
\*Code (For Office Use Only)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

I request voluntary withholding of annual membership dues in the Kentucky Retired Teachers Association from my November annuity payment from the Kentucky Teachers Retirement System. I also authorize KTRS to share contact and member identification information with KRTA. This authorization will remain in effect until I choose to terminate by written notice to the Kentucky Teachers Retirement System prior to October 15 of any year.

Mail to: Ky, Retired Teachers Assn.  
Bardstown Road & Gene Snyder Freeway  
7505 Bardstown Road  
Louisville, KY 40291-3234

\_\_\_\_\_  
Signature

*See back of form for important statement about KRTA dues.*

\_\_\_\_\_  
Date