



2019-2020 KRTA MEMBERSHIP CASH ENROLLMENT FORM

NAME _____ TRS ID # _____

ADDRESS _____
Street and Number, Box or Route Number State Zip Code

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Phone Number

Email Address

City or Town

County Retired Teacher Association

I am enclosing my Check # _____ for **\$20** to pay my membership in the Kentucky Retired Teachers Association for the period ending June 30, 2020. I am a: ___ New Member ___ Renewal ___ Associate Member

KRTA dues are not deductible as a charitable contribution for income tax purposes

Serving Retired Teachers Since 1957

SEND FORM AND CHECK TO THE ADDRESS BELOW:

Kentucky Retired Teachers Association

7505 Bardstown Road

Louisville, KY 40291-3234

Phone: (502) 231-5802 or 1-800-551-7979

01-15-19