

# Ashland County Retired Teachers Association

## Membership Form

Membership Year: 2020 - 2021

	Check one
Renewal:	_____
New Membership:	_____

Member Name: \_\_\_\_\_

email address : \_\_\_\_\_

Preferred phone  
number: \_\_\_\_\_

### Mailing address

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

	Enter Amount
ACRTA membership - annual dues (\$10.00):	_____
ACRTA membership - life membership (\$50.00):	_____
ORTA membership - annual dues (\$30.00):	_____
ORTA life membership one-time payment (\$500.00):	_____
Total Amount Due:	_____

Make checks payable to **ACRTA**. (We will forward ORTA membership payments and information).

Send completed membership forms and dues to:

ACRTA  
c/o Bernice Becker  
1594 County Rd. 995  
Ashland, OH 44805