

Ashland County Retired Teachers Association

Membership Form

Membership Year: 20__ - 20__

	Check one
Renewal:	_____
New Membership:	_____

Member name: _____

Email address : _____

Phone number: _____

Mailing address

Street: _____

City: _____

State: _____ Zip: _____

	Enter Amount
ACRTA membership - annual dues (\$15.00):	_____
ACRTA membership - life membership (\$55.00):	_____
ORTA membership - annual dues (\$30.00):	_____
ORTA 3-year membership (\$75.00):	_____
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 Lori Gottfried, Treasurer

39 Township Rd. 1400

Ashland, OH 44805

419-651-0210