

Join to HELP PROTECT **YOUR**

STATE PENSION

COLA

SOCIAL SECURITY

MEDICARE

MNRTA MEMBERSHIP FORM APPLICATION

Please complete the form below and return it as soon as possible. Use the following information to complete this form: Return the entire form.

UNIFIED DUES

<u>Check</u>		<u>Automatic Dues Withholding</u>	
NEW RETIRED LIFETIME	300.00	ONE-TIME PAYMENT (check payable to NEA-retired or cash)	
Retired Annual Membership	\$35.00	NEA-Retired Annual Membership	\$2.92 per month
TRTA-Annual Membership	\$25.00	TRTA-Annual Membership	\$2.08 per month
Local RTA (MNRTA)	<u>\$11.00</u>	Local RTA (MNRTA)	<u>\$0.92</u> per month
Total annual dues	\$71.00		\$5.92 per month

Send your form to: **MNRTA PO BOX 120145 NASHVILLE TN 37212**

<p>Tennessee Retired Teachers Association Enrollment Form</p> <p>Name: _____ First MI Last</p> <p>Address: _____ Street</p> <p>City State</p> <p>Postal Code _____</p> <p>Phone # () _____</p> <p>Email: _____</p> <p>Local Association: MNRTA</p> <p>_____</p> <p>MEMBER SIGNATURE</p> <p>Date: _____</p>	<p><i>Unified membership is required if you retired after August 1992. You must belong to NEA-Retired, TRTA and the local Association to be a unified member</i></p> <p>Member # _____</p> <p>NEA-Retired Annual Membership \$ _____</p> <p>TRTA Annual Membership \$ _____</p> <p>Local RTA Annual Membership \$ _____</p> <p>Total Dues paid \$ _____</p> <p>Check # if paying by Check \$ _____</p> <p>_____</p> <p>ASSOCIATION OFFICER</p> <p>Date: _____</p>
--	---

HIGHLY RECOMMENDED

Optional Automatic Dues Withholding from your TCRS Pension Check

I hereby authorize TCRS to deduct the following from my TCRS pension check. I agree that the dues shall be deducted until such time as I notify TRTA & TCRS in writing that I no longer wish to have such dues deducted.

Social Security No: _____

AUTHORIZATION signature: _____

Date: _____

NEA Retired Annual Dues \$ _____ per month