

# HENRY COUNTY RETIRED TEACHERS ASSOCIATION

Name (as on STRS account) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Retirement Year \_\_\_\_\_ Total Years in Education \_\_\_\_\_ Birth date \_\_\_\_\_

School System Retired From: \_\_\_\_\_

Spouse \_\_\_\_\_ Your email \_\_\_\_\_

Alternate address (summer winter) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## MEMBERSHIP & DUES

Regular Member \_\_\_\_\_

Associate Member \_\_\_\_\_

**Annual Dues: \$45 (Please write 2 checks: one for HCRTA and one for ORTA)**

HCRTA.... \$15 Annual Dues

ORTA..... \$30 Annual Dues

**LIFE MEMBERSHIP (Also 2 checks needed as above) \$550**

HCRTA.....\$50 Life Member

ORTA..... \$500 Life Member

**Note: ORTA will accept credit card payments direct to their office or you may make quarterly payments to them.**

Our local association would like you to consider serving on any committees that interest you.

\_\_\_\_ Community Service Project

\_\_\_\_ Community Volunteer Hours

\_\_\_\_ Courtesy

\_\_\_\_ Legislative

\_\_\_\_ Reservations/Call Chain

\_\_\_\_ Information Services

\_\_\_\_ Retirement Planning

\_\_\_\_ Public Relations/Newsletter

\_\_\_\_ Membership

\_\_\_\_ Historian

\_\_\_\_ Web Site

**MAIL COMPLETED FORM TO: Janice Rettig, K402 Co. Rd. 14, Napoleon, OH 43545**