

Indiana Retired Teachers Association Membership Plans

Name _____
(Last) (First) (Middle)
Street _____ Birth Date _____
City _____ State _____ Zip _____ Teacher's Retirement Fund # _____
Telephone Number (_____) _____ Email _____

To accurately represent our members at the state level, the Indiana Retired Teachers' Association would like to know which county your local association is in: _____

Please check the Membership Plan that you wish to join and include payment and any additional information that your membership choice requires.

\$2.00 of your dues, each year will be applied to your annual subscription to the IRTA newsletter, *The Bulletin Board*.
Dues payments to IRTA are not deductible for income tax purposes.

___ **Associate Membership** - For any active teacher or supporter other than a recipient of a pension from the Indiana State Retirement Fund.

___ \$10.00 per year ___ \$18.00 for 2 years ___ \$24.00 for 3 years

___ **Regular Membership** - For any recipient of a pension from the Indiana State Teachers' Retirement Fund.

___ \$35.00 per year

___ \$90.00 for a 3 year membership

___ \$140.00 for a 5 year membership

___ Automatic Dues Deduction Authorization (*Please complete the section below*)

Social Security # _____ Retirement Date _____

Automatic Dues Deduction occurs September 1 each membership year at the rate of \$35.00. The Membership Year is Sept. 1 through Aug. 31. If you are signing up for membership after July 15 for the current membership year, please include a \$35.00 check for the current year's dues.

___ **Life Membership** - For any active teacher or recipient of a pension from the Indiana State Teachers' Retirement Fund.

___ Full Payment ___ First Installment of 3-Year Plan \$ _____

<u>Age</u>	<u>Full Payment</u>	<u>or</u>	<u>3-year payment plan/service charge</u>	<u>Total</u>
50 or under	\$700.00		3 installments of \$244.00	\$732.00
51-74	\$550.00		3 installments of \$194.00	\$582.00
75 and over	\$350.00		3 installments of \$127.00	\$381.00

*Money paid, in full or in installments, for a Life Membership is not refundable due to death or disability or other reasons.

___ I want the IRTA newsletters, Bulletin Board and Legislative Updates mailed to me, instead of being sent electronically.

Checks should be made payable to:

Indiana Retired Teachers Association
2629 Waterfront Pkwy., East Drive, Suite 105
Indianapolis, IN 46214

Signature _____ Date _____

Indiana Retired Teacher's Foundation

I am enclosing a contribution to assist the Foundation with its work. Please direct my contribution to the following program(s):

<u>Amount</u>	<u>Program</u>
_____	Scholarship Fund
_____	A Hand UP Fund
_____	Active Teacher Grant
_____	Use where most needed

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please make checks payable to: **Indiana Retired Teachers Foundation**

2629 Waterfront Parkway, East Drive, Suite 105

Indianapolis, Indiana 46214

*Gifts are tax deductible to the extent allowed by law.