

HENRY COUNTY RETIRED TEACHERS' ASSOCIATION

Name (as on STRS account) _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____

Status:

____ Still Teaching School District: _____

____ Retired Retirement Year: _____, Total Years in Education: _____, Birthdate: _____

School District from which you retired: _____

Spouse: _____ Your email: _____

Alternate address (summer/winter): _____

City: _____ State: _____ Zip: _____

MEMBERSHIP & DUES

Retired Member: _____ Active Member: _____ Associate Member: _____ (non-teacher)

Dues: Please write two separate checks – one to Henry County Retired Teachers' Association (HCRTA) and one to **Ohio Retirement for Teachers Association (ORTA)**.

HCRTA...\$50 Life Member

ORTA...\$30 Annual Dues OR \$500 Life Membership

Note: ORTA will accept credit card payments direct to their office via phone or their web site or you may make quarterly payments to them if joining as a Life Member.

Our local association would like you to consider serving on any committees that interest you. Please indicate your interests below.

____ Community Service Project	____ Community Volunteer Hours	____ Courtesy
____ Reservations Call Chain	____ Information Services	____ Legislative
____ Retirement Planning	____ Public Relations/Newsletter	____ Historian
____ Membership	____ Web page	

MAIL THIS FORM TO: Stephen Seagrave, 322 S. Madison, Delta, OH 43515