## **IRTA**

NAME LAST

**ADDRESS** 

PHONE

## **IRTA State & Local Unit Membership Form**

828 S. 2nd St., 4th Floor • Springfield, IL 62704 • I-800-728-4782 e-mail: irta@irtaonline.org • webpage: www.irtaonline.org

□ Dues Deduct – I hereby authorize the Teachers' Retirement System to deduct my IRTA dues in monthly installments at an initial rate of \$2.50 or as subsequently established by the Delegate Assembly.

Association Dues are Not Tax Deductible

(Signature required for Dues Deduction)
Social Security #

Please print or use your return address label.

(Only required for Dues Deduction)

FIRST

CITY

E-MAIL

DOB

RETIREMENT YEAR

SCHOOL DISTRICT

State Dues

☐ Annual - \$40 ☐ 5 Years - \$175

☐ Life - \$400

☐ Dues Deduct - \$30 a year (see left side of form)

State Associate Dues

(non-certified)

Local Unit Dues

☐ Annual - \$25 ☐ Life - \$125

Please mail to IRTA.

UNIT DuPage

STATE

7IP

**RETIRED FROM**