

LRTA Membership Form

Please complete **both** parts.

Part I: Personal Information

Name: _____

Social Security No. [optional]: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Email: _____

Part II: LRTA Membership Options

LRTA annual dues include membership from April 1 – March 31 the following year (this applies to Annual Members and Annual Associate Members only). Several choices are available for payment of LRTA dues. Please indicate your preference below:

_____ Annual Member Dues - \$30 [check* enclosed]

_____ Life Member Dues - \$600 (ages 79 and under) [check* enclosed]

_____ Life Member Dues - \$300 (ages 80 and above) [check* enclosed]

_____ Annual Associate Member Dues - \$12 [check* enclosed]

(Associate membership in LRTA is available to actively employed teachers and other employees of the education community and to individuals who may be interested in supporting the causes of retired educators. If you are a retired educator receiving benefits from the Teachers' Retirement System of Louisiana, please select the Annual Member Dues or Life Member Dues as applicable.)

*Please make checks payable to LRTA and mail with this form to the LRTA office.

Note: Dues paid to LRTA are NOT deductible as charitable contributions for federal income tax purposes.

Using your browser's print function, please print, complete and return this from to:

LRTA
9412 Common St. Suite 5
Baton Rouge, LA 70809

If you have any questions, please contact the state office at (225) 927-8837 or info@lrta.net.