Dues Deduction Authorization

Please complete **both** parts.

Part I: Personal Information

Name: _____

Social Security No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Email: _____

How would you like to receive the LRTA Newsletter? _____ *Email _____ Print

*You must keep your email up-to-date with LRTA.

Note: Your Social Security number is required if you are signing up for dues deduction authorization.

Part II: Authorization

LRTA annual dues include membership from April 1 – March 31 the following year

_____ Continuous Member Dues - [dues deduction authorization] I authorize the Teachers' Retirement System of Louisiana to deduct my LRTA dues from my retirement check annually on April 1. I understand that I may cancel this authorization at any time by written request to the LRTA office.

Signature_____ Date: _____

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 form 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.