LRTA Membership Form

Please complete **both** parts.

Part I: Personal Information

Name: _____

Last 4 Digits of your SSN: _____

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 - $36 [check* enclosed]

_____ Life Member Dues - $720 (ages 79 and under) [check* enclosed]

_____ Life Member Dues - $360 (ages 80 and above) [check* enclosed]

_____ Continuous Member Dues - 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 anytime by written request to the LRTA office.

*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.

Louisiana Retired Teachers Association
9412 Common Street, Suite 5
Baton Rouge, LA 70809

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