



# 2017 - 2018 TRTA MEMBERSHIP RENEWAL FORM

Name \_\_\_\_\_ Member ID \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I receive an annuity from a teacher retirement system:  Yes  No

TRTA membership year is July 1, 2017 - June 30, 2018. Membership dues are not tax deductible.

## TRTA OFFERS THREE EASY WAYS TO RENEW!

Please select one option and return to TRTA today.

### Option 1 - \$2.92 Monthly Payroll Deduction - Diamond Plus Program

#### Monthly Payroll Deduction: \$2.92 monthly

Complete the payroll deduction form TRS 593 and this form. Must receive a TRS annuity to enroll. The Teacher Retirement System of Texas (TRS) will withhold \$2.92 for TRTA membership dues from your monthly TRS annuity check. TRS 593 is available for download at [www.trta.org/TRS593](http://www.trta.org/TRS593).

### Option 2 - \$2.92 Monthly Bank Draft - Diamond Plus Program

#### Monthly Bank Draft: \$2.92 monthly

Attach a voided check and this form (deposit slips are not accepted) for the account debited or write your bank name, routing and account number below. I authorize my bank to honor drafts drawn by Association Member Benefits Advisors (AMBA) on my account shown below for TRTA membership dues. I hereby authorize AMBA to initiate debit entries on my account shown below. This authority is to remain in effect until revoked by me in writing and until AMBA receives such notice. I agree that AMBA shall be fully protected in honoring such debit. I authorize future increases and/or decreases in the cost of membership dues to be automatically deducted without further authorization from me.

Bank name \_\_\_\_\_

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

Signature as it appears on your bank records \_\_\_\_\_ Date \_\_\_\_\_

### Option 3 - \$35.00 Annual Dues

#### Annual Dues: \$35.00 yearly

Return this form and your \$35.00 payment. Select either check (payable to TRTA) or credit card.

Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please charge my:  American Express  Discover  Master Card  Visa Credit Card Expiration \_\_\_\_/\_\_\_\_

Credit Card # \_\_\_\_\_ Signature \_\_\_\_\_