

HOUSTON-HARRIS COUNTY RETIRED TEACHERS ASSOCIATION

Membership Application

New Renewal _____

(Circle one)

Dr. Mrs Ms. Mrs,DOB

(First)

(MI)

(Last)

(Month)

(Day)

Address

City

State

Zip

E-Mail Address

Phone

Cell

H-HCRTA dues \$10 _____

TRTA dues \$35 _____

Life Member dues \$10 _____

CM (payroll deduction) \$10 local _____

Total paid _____

Retired from _____

Receive Monthly TRS Annuity

_____yes _____No

Please make all checks payable to HNHCRTA for the total amount (\$45 total local & state) (\$10 for life members & CM members). Mail with completed application to: H-HCRTA PO BOX 311383 Houston, TX 77231-1383