



**Texas Retired Teachers Association |
The Voice For All Public Education Retirees**

313 E. 12th Street, Suite 200

Austin, TX 78701-1957

1.800.880.1650 | 512.476.1622 | www.trta.org

2019 - 2020

**TRTA and DARSPA NEW MEMBER
ENROLLMENT FORM**

Name _____
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, 2019 - June 30, 2020. Membership dues are not tax deductible.

TRTA OFFERS THREE EASY WAYS TO JOIN!

Please select one option and mail this form to **DARSPA** today, to: **Jeanie Burch**
628 Headlee St.
Denton, TX 76201

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

Monthly Payroll Deduction: \$2.92 monthly. The \$15 annual dues to DARSPA will be waived for year 1.

Complete the payroll deduction form TRS 593 and this form. You 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.

NOTE: If you choose option 1, be sure to follow the mailing instructions on the TRS 593 form. It will be mailed separately from this form.

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

Monthly Bank Draft: \$2.92 monthly. The \$15 annual dues to DARSPA will be waived for year 1.

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 - Pay annual dues to TRTA and DARSPA by check

Annual Dues: \$35.00 for TRTA . The \$15 annual dues to DARSPA will be waived for year 1.

Return this form and your \$35 check made out to DARSPA.

Check # _____ Date _____ **Amount \$35 for year 1.**