



## 2020-2021 Membership Form

TRTA Membership year is July 1-June 30. Dues are not tax-deductible and are non-refundable.

Name \_\_\_\_\_ Member ID (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Birth Year \_\_\_\_\_ Retire Year \_\_\_\_\_

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

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

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

### TRTA Offers Three Easy Ways to Pay!

Please select one option and submit to TRTA.

#### \_\_\_\_\_ OPTION 1, \$2.92 MONTHLY PAYROLL DEDUCT

**To renew by payroll deduct, complete this form and include a completed TRS 593 form.**

The TRS 593 form can be found at [www.trta.org/trs593](http://www.trta.org/trs593). Submit **both** forms to TRTA at the address above.

You must receive a TRS annuity to enroll (excludes beneficiaries) by payroll deduct. TRS will withhold \$2.92 for dues from your monthly annuity check.

#### \_\_\_\_\_ OPTION 2, \$2.92 MONTHLY BANK DRAFT

**Attach a voided check for the account debited (deposit slips are not accepted) and complete this form.**

Submit voided check and this form to TRTA at the address above. I authorize my bank to honor drafts drawn by Association Member Benefits Advisors (AMBA) for TRTA membership dues. I hereby authorize AMBA to initiate debit entries on my account. 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 \_\_\_\_\_ Date \_\_\_\_\_

#### \_\_\_\_\_ OPTION 3, \$35.00 ANNUAL DUES

To pay by credit card, visit [www.trta.org/profile](http://www.trta.org/profile).

To pay by check, complete this form and submit payment to TRTA at the address above.

**Make \$35 check payable to TRTA. Check # \_\_\_\_\_**

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