Kendall County Retired Teachers Association
Membership Application Form
2020-2021

___ Returning Member ___ New Member (I do receive a TRS Annuity)
___ Returning Associate Member ___ New Associate Member (I do not receive a TRS Annuity)

Each One Bring One: As a new member, I was invited to join by my friend _____

Name _____ Member ID _____

Address _____ Retirement Year _____

City _____State _____ Zip _____

Phone _____ Email _____

How do you prefer we contact you? _____ Texts _____ Phone calls _____ Emails _____ U.S. Mail

Please check the appropriate line below.
(If you are unsure which option is best for you, please call Suann at 210-872-7741 or Bohn 210-551-2914)

_____**TRTA and KCRTA Member** (for all retired school personnel) – **I am submitting a check for $40.00 to pay my state and local dues.**

_____**TRTA and KCRTA Associate Member** (for currently employed school personnel and interested others, ie spouses) **I am submitting a check for $40.00 to pay my state and local dues.**

_____I am **on payroll deduction** *OR* would like to **begin** having TRS deduct my TRTA dues from my **annuity** ($2.92 monthly). **I am submitting a check for $5.00 to pay my local KCRTA dues.**
___ Please send me a payroll deduction authorization form **TRS 593.**

_____I am on **bank draft payment ***OR* would like to **begin** having TRTA deduct my TRTA dues of $35.00 from my **bank account** ($2.92 monthly). **I am submitting a check for $5.00 to pay my local KCRTA dues.**
___ Please send me a TRTA Membership Application Form for **Bank Draft payment.**

_____I would like to pay state TRTA dues by **credit card. I am submitting a check for $5.00 to pay my local KCRTA dues.**
___ Please send me a TRTA Membership Application Form for credit card payment.

_____I am a **TRTA Life Member. I am submitting a check for $5.00 to pay my local KCRTA dues.**

_____**My primary TRTA and local unit membership is paid through another unit**. However, I would like to **also be a local member of KCRTA and am submitting a check for $5.00.**

Please make your check or money order payable to **TRTA/KCRTA**. **THANK YOU!**

Complete and return with your **2020-2021** dues **ASAP** to:

Bohn Smith, KCRTA
20 Sisterdale Rd.
Boerne, TX 78006

Check # _____ Date _____