



HOUSTON-HARRIS COUNTY RETIRED TEACHERS ASSOCIATION



Membership Application
20____ - 20____

New_____ Renewal_____

Name: Dr., Mr., Mrs., Ms. (Circle one)

First _____ MI _____ Last _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

E-Mail Address _____

Date of Birth: Month _____ Day _____

H-HCRTA Dues _____ \$10.00 TRTA Dues _____ \$35.00

Life Membership Dues \$10 _____ CM (payroll deduction) & Local \$10 _____

Retired from _____

Receive monthly TRS Annuity: YES _____ NO _____

Please make check payable to HHCRTA for the total amount \$45 (total local and state) or (\$10 for life and CM members). Mail with completed application to the address below:

H-HCRTA P. O. Box 311383 Houston, Texas 77231-1383

Recruited by: _____

CHAPTER PUBLICITY

I _____ grant permission for HHCRTA to use my photograph for the chapter publicity, history and/or website. This permission is granted until rescinded by me. _____ Accept _____ Decline

Signature _____