

**Azle Tri-County Retired School Employees Association  
ATRSEA**

**Member and Dues Information Form**

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone Number: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Retirement District** \_\_\_\_\_

**Dues: Local \$10.00** \_\_\_\_\_ **State \$35.00** \_\_\_\_\_ **Total \$45.00**

\_\_\_\_\_ **I am a Diamond Member and have my state dues deducted monthly from my annuity.**

**Please mail this form and your state and/or local dues to:**

**ATRSEA**

**P.O. Box 297**

**Azle, TX 76098**

**\*Please make your check payable to ATRSEA**