## We Welcome New Members

## Help a New Member Fill Out This Enrollment Form

CalRTA Division #91

Name (First)	(Middle)			MEMBER!
(Last)				JAN TO THE STATE OF THE STATE O
Address				
City		State	Zip	_
Email				
Phone				
Retired from	_ WhenS	School		
Please check your selected pay	ment method:			
Dues Deduction \$5.50 month	ly			
Social Security Number		(required fo	or dues deduction	1)
I authorize the State Teachers' Retir	ement System (STR	RS) to deduct m	y association due	es.
Should amount of dues be adjusted,	as deemed necessar	ry by CalRTA,	I authorize that th	ne adjusted deductions
shall continue unless I notify the Ca	alRTA business offic	e in writing to	the contrary. To to	erminate dues
deduction, I				
agree to make my request in writing	g to the CalRTA offic	ce.		
Cash \$66.00 annually ( Make	Check out to CalR	ГА)		
Signature		Da	ate	
Did a particular person encourage you to join CalRTA? If so, who?				
Mail check and application to: M	Turiel Rodrigues :	5342 Westbury	Ct. Newark, C	CA 94560-1353



## Save the Dates

## **CalRTA Advocacy Days**

March 10-13, 2025 | Washington, D.C.



Your Voice in Washington