



Serving Retired Teachers Since 1957

KRTA ENROLLMENT FORM

(Automatic Dues Deduction)

See reverse side for important income tax information.



Name _____ TRS ID No. _____

Address _____ City _____

State _____ Zip Code _____ County Association _____ Retirement Date _____

Phone _____ Personal E-mail _____

I request voluntary withholding of annual membership dues in the Kentucky Retired Teachers Association from my November annuity payment from the Kentucky Teacher Retirement System. I also authorize KTRS to share contact and member identification information with KRTA. This authorization will remain in effect until I choose to terminate by written notice to the Kentucky Teachers Retirement System prior to October 15 of any year.

Kentucky Retired Teachers Association
7800 Leaders Lane
Louisville, KY 40291

Signature

See back of form for important statement about KRTA dues.

Date 6-14-21