



# Illinois Retired Teachers Association Membership Form

620 North Walnut Street • Springfield, IL 62702 • 1.800.728.4782

e-mail: [irta@irtaonline.org](mailto:irta@irtaonline.org) • webpage: [www.irtaonline.org](http://www.irtaonline.org)

**Dues Deduct** – I hereby authorize the Teachers' Retirement System to deduct my IRTA dues in monthly installments at an initial rate of \$2.00 or as subsequently established by the Delegate Assembly.

*(Signature required for Dues Deduction)*

Social Security # \_\_\_\_\_

*(Only required for Dues Deduction)*

Please print or use your return address label.

NAME LAST FIRST MIDDLE

ADDRESS CITY STATE ZIP RETIREMENT YEAR

PHONE ( ) E-MAIL

IRTA LOCAL UNIT NAME SCHOOL DISTRICT RETIRED FROM SYSTEM #

Association Dues are Not Tax Deductible

**IRTA Legislative Hotline**  
800.660.3326

**Member Benefits**  
Association Member Benefits Advisors  
800.258.7041

*Detach and Retain Wallet Card*

## IRTA Local Unit Membership Card

### Illinois Retired Teachers Association

**IRTA** Unit: \_\_\_\_\_

This Certifies that

\_\_\_\_\_ is a member in good standing of the IRTA local unit.

Date: \_\_\_\_\_

Local Unit President

PLEASE COMPLETE FOR LOCAL UNIT

SYSTEM #

## Local Unit Membership Form

IRTA LOCAL UNIT NAME

NAME LAST FIRST MIDDLE

ADDRESS CITY STATE ZIP

PHONE ( ) RETIREMENT YEAR DATE PAID

E-MAIL SCHOOL DISTRICT RETIRED FROM

IRTA STATE DUES				
<input type="checkbox"/> DEDUCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> ANNUAL ASSOC.	<input type="checkbox"/> LIFE	<input type="checkbox"/> ASSOC. LIFE

UNIT	
<input type="checkbox"/> ANNUAL \$	
<input type="checkbox"/> LIFE \$	

### DuPage Dues

Annual \$10 \_\_\_\_\_  
5 Years \$45 \_\_\_\_\_

STATE COPY - PLEASE RETURN