

Edmonton Retired Teachers' Association Membership Application

Date _____

Surname (Please print) First Name

Address _____ City _____

Province _____ Postal Code _____

Telephone Number _____ E-mail address _____

Birth date to help determine Life Membership eligibility (optional) _____

This application is a (check one): New Membership _____ Renewal _____

Date of retirement (new members only): Month _____ Year _____

(Membership is complimentary for the first year immediately following retirement)

I would like to receive my newsletter by (check one): E-mail _____ Canada Post _____

(E-mail recommended for speedy delivery)

Membership Fee (check one): _____ \$15.00 for 1 year

_____ \$30.00 for 2 years

_____ \$60.00 for 5 years

Are you currently an **ARTA** member? Yes _____ No _____

NOTE: Photos may be taken at ERTA events and published in ERTA media. If this is an issue for you, please discuss your concern with the photographer at the event.

Please send this application, with a cheque for the appropriate amount made out to "Edmonton Retired Teachers' Association", to:

Cliff Otto

Edmonton Retired Teachers' Association

15020-64 Street NW, Edmonton, Alberta, T5A 2C5

Office Use Only:

Receipt # _____ Years Requested _____ Expiry _____

Master List _____ E-mail Computer _____ Phone list update _____ RNL _____