**HENRY COUNTY RETIRED TEACHERS’ ASSOCIATION**

Name (as on STRS account) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status:

\_\_\_\_\_Still Teaching School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Retired Retirement Year: \_\_\_\_\_\_\_\_, Total Years in Education: \_\_\_\_\_\_\_\_, Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_

School District from which you retired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate address (summer/winter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP & DUES**

Retired Member: \_\_\_\_\_\_\_\_\_\_ Active Member: \_\_\_\_\_\_\_\_\_ Associate Member: \_\_\_\_\_\_\_\_ (non-teacher)

Dues: Please write two separate checks – one to Henry County Retired Teachers’ Association (HCRTA) and one to **Ohio Retirement for Teachers Association** (ORTA).

HCRTA…$50 Life Member

ORTA…$30 Annual Dues OR $500 Life Membership

Note: ORTA will accept credit card payments direct to their office via phone or their web site or you may make quarterly payments to them if joining as a Life Member.

Our local association would like you to consider serving on any committees that interest you. Please indicate your interests below.

\_\_\_\_\_Community Service Project \_\_\_\_\_Community Volunteer Hours \_\_\_\_\_Courtesy

\_\_\_\_\_Reservations Call Chain \_\_\_\_\_Information Services \_\_\_\_\_Legislative

\_\_\_\_\_Retirement Planning \_\_\_\_\_Public Relations/Newsletter \_\_\_\_\_Historian

\_\_\_\_\_Membership \_\_\_\_\_Web page

MAIL THIS FORM TO: Stephen Seagrave, 322 S. Madison, Delta, OH 43515