

DUAL-MEMBERSHIP FORM FOR SCRТА & ORТА DUES

Name _____ Phone _____ Address _____
_____ Street City State Zip
SCRТА/ORТА Dual Membership Dues \$40 _____ (SCRТА \$10/ ORТА \$30) (Dual Membership Required)
YEAR YOU RETIRED _____ I am a SCRТА LIFE member _____ I am an ORТА LIFE member _____ I
pay ORТА directly _____ School District _____ BRING THIS FORM WHEN PAYING DUES
MAKE ALL CHECKS PAYABLE TO SCRТА Check # _____ Email _____

BY MAIL SEND TO: JACKIE HOVEY 1085 COOKHILL CIRCLE. AKRON, OH 44312