

MEMBERSHIP FORM FOR SUMMIT COUNTY RETIRED TEACHERS' ASSOCIATION

NAME _____ PHONE # _____

ADDRESS _____ / _____ / _____
STREET CITY STATE ZIP

SCRТА MEMBERSHIP DUES \$20 _____ YEAR YOU RETIRED _____

SCHOOL DISTRICT _____ EMAIL _____

MAKE ALL CHECKS PAYABLE TO SCRТА. Check # _____

NOTE: BRING OR SEND THIS FORM WHEN PAYING SCRТА DUES.

For ORТА membership, visit orta.org/plans-pricing

I would like to volunteer: Scholarship _____ Luncheon _____ Leadership _____

BY MAIL SEND CHECK AND FORM TO:

JACKIE HOVEY 1085 COOKHILL CIRCLE. AKRON, OH 44312