



CALIFORNIA RETIRED TEACHERS ASSOCIATION  
MEMBERSHIP ENROLLMENT FORM  
AREA VIII

**Divisions:** Baldy View (61) Pasadena (01) Pomona (13) San Gabriel Valley (71) Whittier (31)

ENROLLMENT FORM

Social Security # \_\_\_\_\_ CRTA Division \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

School District retired from \_\_\_\_\_

(Please check your selected payment method)

Dues Deduction (\$3.25) \_\_\_\_\_ (\$6.50) \_\_\_\_\_ for self and spouse.

I authorize the State Teachers' Retirement System (STRS) to deduct my association dues. Should the amount of dues be adjusted, as deemed necessary by CRTA, I authorize that the adjusted deduction shall continue unless I notify the CRTA business office in writing to the contrary. To terminate dues deductions, I agree to make my request in writing to the CRTA office.

Cash payment \_\_\_\_\_ \$39.00 annually. Life Membership one time payment of \$780.00 \_\_\_\_\_.

Signature \_\_\_\_\_

Spouse name if joining \_\_\_\_\_

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

( Social Security numbers are needed for dues reduction by STRS)

Mail to: California Retired Teachers Association, 800 Howe Avenue, Suite 370  
Sacramento, CA 95825

