



CALIFORNIA RETIRED TEACHERS ASSOCIATION
Corona-Norco Division #80



Membership Enrollment Form

Name _____ Phone _____
Address _____ Email _____

City _____ State _____
Zip _____

PAYMENT OPTIONS (Please choose one):**

_____ DUES DEDUCTION - \$4.50 monthly—please sign below for dues deduct ONLY:

I authorize STRS (State Teachers Retirement System) to deduct my CalRTA dues monthly. Should the amount of dues be adjusted as deemed necessary by CalRTA, I authorize that the payment shall continue unless I notify the CalRTA Business office in writing to the contrary.

Signature _____ Date _____
Social Security Number _____

_____ CHECK-\$54.00 annually (no need for SS # if paying by check) Make

checks payable to CalRTA.

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Retired from(school) _____

District _____

I wish to receive my newsletter by (check one) _____ email

_____ US mail

Mail to: CalRTA, 16471 Brightridge Ln., Riverside, CA 92503

+++++Clip Here+++++

GIFTS FOR SCHOLARSHIP

CalRTA Corona Norco Division # 80 Scholarship Donation

Form

Please return with your gift

In memory of _____

In honor of _____

Donor _____ Date _____ Amount _____

Donor's Address _____

Please check one: You may use my name in the newsletter under Scholarship Donations
_____yes _____no

**Make checks payable to: CalRTA Div. #80 Scholarship Fund
Mail to: Erma Paloma, 651 Leyenda Dr., Corona, CA 92879**