Evansville Retired Teachers Association

Membership Dues: June 1, _____ to May 21, _____

Local Dues: Member $10.00 (Associate $5.00)

Check #: _____ Amount: _____ Cash: _____ Date: _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: _(_____)_____-_____

E-MAIL: _____

CHECK ONE: Retired Teacher _____ Associate Member _____

ERTA Scholarship Fund receives $1.00 of your dues.

I wish to make an individual contribution to ERTA Scholarship Fund in the amount of $_____

Check # _____

Make checks payable to: **Evansville Retired Teachers Association**

Mail to: Lino Wiseman, ERTA Treasurer
5950 Knight Drive
Evansville, IN 47715-3472