



# 2012 - 2013

## TRTA MEMBERSHIP ENROLLMENT FORM

Name \_\_\_\_\_ Member ID (if renewing) \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

I receive an annuity from the Teacher Retirement System of Texas (TRS):  Yes  No

TRTA membership year is July 1, 2012 - June 30, 2013. Membership dues are not tax deductible.

### TRTA OFFERS THREE EASY WAYS TO JOIN!

Please select one option and return today.

#### Option 1 - \$2.08 Monthly Payroll Deduction

##### Monthly Payroll Deduction: \$2.08 monthly

Complete the payroll deduction form TRS 593 and this form. Mail in the enclosed envelope. Must receive a TRS annuity to enroll. The Teacher Retirement System of Texas (TRS) will withhold \$2.08 for TRTA membership dues from your monthly TRS annuity check. TRS 593 is available for download at [www.trta.org/TRS593](http://www.trta.org/TRS593).

#### Option 2 - \$2.08 Monthly Bank Draft

##### Monthly Bank Draft: \$2.08 monthly

Attach a voided check for the account debited (deposit slips are not accepted) and this form. Mail your voided check and this form in the enclosed envelope to: AMBA, 6034 W. Courtyard Drive, Suite 300, Austin, TX 78730.

I authorize my bank to honor drafts drawn by Association Member Benefits Advisors (AMBA) for TRTA membership dues. I hereby authorize AMBA to initiate debit entries on my account. This authority is to remain in effect until revoked by me in writing and until AMBA receives such notice. I agree that AMBA shall be fully protected in honoring such debit. I authorize future increases and/or decreases in the cost of membership dues to be automatically deducted without further authorization from me.

Signature as it appears on your bank records \_\_\_\_\_ Date \_\_\_\_\_

#### Option 3 - \$25.00 Annual Dues

##### Annual Dues: \$25.00 yearly

Return this form and your \$25.00 payment in the enclosed envelope. Select either check (payable to TRTA) or credit card.

Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please charge my:  American Express  Discover  Master Card  Visa Credit Card Expiration \_\_\_\_/\_\_\_\_

Credit Card # \_\_\_\_\_ Signature \_\_\_\_\_