

## Edmonton Retired Teachers' Association Membership Application

Date				
	Surname (Please prir	nt)		First Name
Address			City	
Province			Postal Co	ode
Telephone Nu	ımber (Please provide only yo	our best contact number.)	E-mail a	ddress
Birth date (to	help determine Life M	embership eligibility	/)	
This application (The firs	on is a (check one): t year of membership is comple	New Membersh mentary for any applicant	nip who has not pre	Renewaleviously been an ERTA member.)
I would like to	receive my newsletter	by (check one): E-		Canada Post ail recommended for speedy delivery)
Membership	Fee (check one):	\$15.00 for 1	year	
		\$30.00 for 2	years	
		\$60.00 for 5	years	
Are you curre	ntly an <b>ARTA</b> member?	Yes	No	
				sed for ERTA membership services person or organization.
	nis application, with a c ers' Association", to	heque for the appro	opriate amo	ount made payable to "Edmonton
	Edmonton Retired To c/o Cliff Otto 15020-64 Street NW Edmonton, Alberta T5A 2C5		1	
Office Use On	ıly:			
Receipt #	Years	Requested		Expiry
Master List	Phone list up	odate		