



## California Retired Teachers Association

*Your voice in pension protection and retirement security.*



# Join us

CalRTA is your nonpartisan advocate in Washington, D.C., Sacramento and at CalSTRS.

- CalRTA helped lead the successful national effort to repeal the WEP and GPO, two unfair Social Security penalties that hurt countless retired educators. We were the **ONLY** West Coast organization working directly with the bill's authors to make this important change happen.
- We believe retired educators deserve a strong voice protecting the pensions and benefits they've earned through years of service.
- We need your support to ensure that our voice remains loud and strong because when it comes to pension protection, silence is **NOT** golden!

### Membership Options and Dues

Help us help you! Active and retired educators (and spouse) are urged to join.

Dues are only \$66 per year (paid by check or via Easy Pay with \$5.50 deducted monthly from your CalSTRS benefit if you're already retired.)

### Contact Us

#### California Retired Teachers Association

1900 Point West Way, Suite 212

Sacramento, CA 95815-4704

(916) 923-2200 | (800) 523-2782

[outreach@calrta.org](mailto:outreach@calrta.org) | [www.calrta.org](http://www.calrta.org)



ONLINE APPLICATION

### Enrollment Form (please print)

Your First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Year You Retired: \_\_\_\_\_ District Retired From: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\* Social Security Number: \_\_\_\_\_ Division # (optional): \_\_\_\_\_

Spouse Name if Joining: \_\_\_\_\_

#### How would you like to pay for your membership dues?

☐ Cash \$66 annually per person

☐ \$66.00 (self)

☐ \$132.00 (self and spouse)

☐ Easy Pay via CalSTRS Deduction

☐ \$5.50 (self)

☐ \$11.00 (self and spouse)

\* Required only for Easy Pay option

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail to:** CalRTA | 1900 Point West Way, Suite 212 | Sacramento, CA 95815-4704