*. Online application is also available at* [*www.orta.org*](http://www.orta.org)

*Please Print*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_\_\_**

**Year or Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Retirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Membership: A NEW** **membership is $40. Your membership is then valid for an entire year from your joining date. This new membership includes a one-time $10 contribution to your local chapter. Your next payment will be due at the same time next year in the amount of $30, with no chapter contribution. All ORTA members are eligible to sign-up for benefits with our partner, AMBA.**

* **New Membership - $40**

 **❑ Life Membership - $500**

 **Life Membership Payment Options** (Please select one):

❑ Onetime payment of $500

 ❑ Two $250 payments due 6 months apart

 ❑ Four $125 payments due 2 months apart

**Method of Payment** (please select one)**:**

 **❑ Check or Money Order** (please make payable to: ORTA)

 **❑ Credit Card**

❑VISA ❑MasterCard ❑Discover ❑American Express

 Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_

 Cardholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Each county in Ohio has a Local Chapter of retired teachers. If you would like more information on the Chapter in your area, please check the box ❑**

**Note:** Membership dues are NOT deductible as charitable contributions.

**Please send Membership form along with payment to:**

 **ORTA | 8050 N. High Street | Suite 190 | Columbus, Ohio 43235-6488**