



## **ARTC Membership Form**

**Become a member of ARTC, an organization focused on protecting your health and pension benefits.**

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

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

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

Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Retired from (Bd. of Ed.): \_\_\_\_\_

Year Retired: \_\_\_\_\_

\_\_\_\_\_ New Membership                      \_\_\_\_\_ Renewal

Payment Enclosed:

\_\_\_\_\_ \$50.00 - Annual Membership

\_\_\_\_\_ \$25.00 - Annual Associate Membership

Mail check, payable to ARTC, to:

*ARTC, 68 Loomis Street, Manchester, CT 06042-1911*