



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

_____ \$ 500.00 - Life Membership

Mail check, payable to ARTC, to:

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