



RETIRED TEACHERS ASSOCIATION OF CHICAGO

**Moving?
New Address?**
Don't miss out! Use this form to share your new address and stay in touch!

Membership Application/Change of Address Form

- Please use this form to:
- Join the Retired Teachers Association of Chicago (RTAC)
 - Renew your annual membership
 - Change your address

GENERAL INFORMATION: PLEASE PRINT

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone: _____ Mobile: _____

Non-CPS e-mail address: _____
(Your CPS e-mail address is terminated when you retire)

Retired in Year: _____ Position: _____

From: _____
(name of Chicago Public School)

Social Security Number: xxx-xx-_____
(last 4 digits only for verification purposes – your confidentiality is assured.)

JOIN OR RENEW MY MEMBERSHIP

Enclosed is my check number _____ dated _____ made payable to RTAC.

- Renew my annual membership – \$50 through December 31, 20____
- Enroll me as a life member – \$300
- Enroll me as a new annual member – \$50

Please return this form and a check to: RTAC, 111 North Wabash Avenue, Suite 2010, Chicago, IL 60602-2949

Did a current RTAC member refer you? Yes No

If yes, please list name of referring member: _____

Change of Address Notification

If the address listed above is new, please complete the section below:

- Please note effective date for new address:

(date: mm/dd/yy) _____ / _____ / _____