

TO ALL CITY OF TUCSON RETIREES

The voice of CTRA is most effective when it serves as the voice of many ... especially when the Association works to maintain and protect our Pension System!



CTRA MEMBERSHIP APPLICATION
OR RENEWAL FORM

New Membership

Renewal

DATE _____

NAME(s) _____

(Please Print Legibly)

BIRTHDATE _____ COT Emp. ID #: _____

(For Retirement Office Use Only)

Complete the following ONLY for NEW Memberships OR if there is a change:

ADDRESS _____

CITY _____ ZIP _____ TELEPHONE _____

E-MAIL ADDRESS _____

SPOUSE'S Name _____

DATE/DEPT HIRED BY CITY _____

DATE/DEPT RETIRED _____

Did you know that if you sign up for payroll deduction, you NEVER have to worry about paying your dues again – it is automatic!

(COMPLETE ONLY FOR PAYROLL DEDUCTION)

I authorize deduction of \$.50 per month from pension check

SIGNATURE _____

(Required for Payroll Deduction)

If you would rather send a check every year for your dues, please complete the following section: **(Please note: Dues become due on January 1 each year.**

Enclosed is \$6.00 for Annual Dues
(Make check to CTRA)

**MAIL TO: KRIS LIBERTY, CTRA MEMBERSHIP CHAIR
2951 W ALASKA, TUCSON, AZ 85746**