

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
pursues increased pension benefits.

BECOME A MEMBER TODAY!

CTRA MEMBERSHIP:

___APPLICATION___RENEWAL

DATE _____

NAME _____

BIRTHDATE _____

ADDRESS _____

ZIP _____ TELEPHONE _____

E-MAIL ADDRESS _____

SPOUSE _____ BIRTHDATE _____

DATE HIRED BY CITY _____

DEPARTMENT _____

COT EMPLOYEE # _____

For Retirement Office Use Only

DATE RETIRED _____

DEPARTMENT _____

Enclosed is \$6 for Annual Dues
(Make check to CTRA)

(COMPLETE ONLY FOR PAYROLL DEDUCTION)

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

SIGNATURE _____

(Required for Payroll Deduction)

MAIL TO: Kris Liberty, CTRA Membership
2951 W. Alaska St.
Tucson, AZ 85746

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