TRTA
TEXAS RETIRED TEACHERS ASSOCIATION

2025-2026
TRTA Membership Form

Name_____
First **Middle** **Last**

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ ***Email** _____

Check here if you do not want your email in the directory. _____

I receive or am eligible to receive an annuity from the Teacher Retirement System of Texas (TRS) Yes____No____

TRTA Dues are $35 **Amount_____**

JSCRSEA Dues are $10 **Amount_____**

TRTA Foundation:
(supports retired teachers who need financial help) **Amount_____**

Contribute to Chapter Grants and Scholarships **Amount_____**

Total Amount Remitted: Cash_____Check_____Check#_____

Make check payable to JSCRSEA.

Mail this form to:

Johnson-Somervell Counties Retired School Employees Association
Attn: Membership
P.O. Box 385
Cleburne, TX 76033