

ORTA Membership Application

Annual Dues: \$30.00

NEW members get the balance of the first year free! The \$30 is applied to the following year.
Make checks or money orders payable to ORTA.

Last Name		First Name		MI
Street Address				
				APT. NO.
City		State	Zip	County
Date of Retirement		Social Security (For ID purposes <i>only</i>)		

Optional Credit Card Payment:

Pay by Credit card: MasterCard 

Visa 

Discover 

Credit Card # _____ Exp Date _____ Name on card _____