



Member Application

Print and mail this form to:

ORTA
8050 North High Street Ste. 190
Columbus OH 43235-6488

Annual Dues: \$20.00

NEW members get the balance of the first year free!

The \$20 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 _____