



ARTC MEMBERSHIP

Date: _____

Name: _____
Last First Middle Initial

Address: _____

City: _____

State: _____ Zip: _____

Telephone Number: (_____) _____ - _____

Email: _____

I retired in: _____ (year) from _____
(BD. of Education & Town)



Please Check One of the Membership Types Below:

- Life Membership - \$500**
 Check if you are a transfer from an annual membership

Annual Membership:

- New \$40** **Renewal \$40**
 Associate \$20 **Retired Prior to 1987 \$10**
(Non-Retired Teachers Only)

Make checks payable to ARTC.

Mail this form along with your check for membership to:

**ARTC
68 Loomis Street
Manchester, CT 06042-1911**