

**MEMBERSHIP FORM for
SUMMIT COUNTY RETIRED TEACHERS ASSOCIATION**

NAME _____ PHONE # _____

ADDRESS _____ / _____ / _____
Street City Zip

SCRТА MEMBERSHIP DUES **\$20** _____ YEAR YOU RETIRED _____

SCHOOL DISTRICT _____ EMAIL _____

MAKE ALL CHECKS PAYABLE TO SCRТА. CHECK # _____
BRING OR SEND THIS FORM WHEN PAYING SCRТА DUES.

I would like to volunteer: Scholarship _____ Luncheon _____ Leadership _____

BY MAIL SEND TO: JACKIE HOVEY 1085 COOKHILL CIRCLE, AKRON, OH 44312