

# Membership Form

(Please print or use an address label.)

---

Name (As listed with STRS) \_\_\_\_\_ Phone \_\_\_\_\_

---

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

---

State/Zip Code \_\_\_\_\_ Last four digits of S.S number  
for ID purposes only \_\_\_\_\_

Year Retired \_\_\_\_\_

Were you a member of ORTA last year? \_\_\_\_\_

Are you a LIFE MEMBER of the ORTA? \_\_\_\_\_

Do you receive income from STRS/Ohio? \_\_\_\_\_

**MCRTA** \_\_\_\_\_ \$10.00 Annual  
\_\_\_\_\_ \$140.00 Life MCRTA

**ORTA** \_\_\_\_\_ \$30.00 Annual  
\_\_\_\_\_ \$500.00 Life

Choose the type of membership you would like and  
send a check payable to MCRTA at:

**MCRTA**  
c/o Nancy McNeal  
1044 Brimfield Drive  
Medina.OH 44256

For more information, call Nancy at 330-722-1948