

# MID-HUDSON AREA RETIRED TEACHERS' ASSOCIATION

PO BOX 294, Blooming Grove, NY 10914

## 2021-2022 Membership Dues Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Emergency Ph. # \_\_\_\_\_

Year Retired \_\_\_\_\_ School District \_\_\_\_\_ Subject/Level taught \_\_\_\_\_

Membership Dues (\$10.00)	\$ _____
Scholarship Contribution	\$ _____
(All monies when contributed are given out in scholarships)	
Total enclosed	\$ _____

Mail your check (**made out to MARTA**)  
and this form to:

**MARTA**

**PO Box 294**

**Blooming Grove, NY 10914**

Thank you. Your support is appreciated.