

MID-HUDSON AREA RETIRED TEACHERS' ASSOCIATION

PO BOX 294, Blooming Grove, NY 10914

2022-2023 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) \$ _____

(membership is free for new retiree's first year)

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.