

# MID-HUDSON AREA RETIRED TEACHERS' ASSOCIATION

PO BOX 294, Blooming Grove, NY 10914

## 2023-2024 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.