

DUAL MEMBERSHIP FORM FOR SCRТА & ORТА DUES

NAME _____ PHONE _____

ADDRESS _____ / _____ / _____
Street City Zip

SCRТА / ORТА DUAL-MEMBERSHP DUES \$40____ (SCRТА \$10 / ORТА \$30)

(Dual-membership required) Year you retired _____

I am a SCRТА LIFE member _____ Check # _____

I am an ORТА LIFE member _____ I pay ORТА directly _____

Bring this form when paying dues at a meeting. Make all checks payable to SCRТА.

By mail: **GAIL DANFORD – 381 LAKE OF THE WOODS BLVD., AKRON, OH 44333**