

LASALLE COUNTY RETIRED TEACHERS MEMBERSHIP FORM

Please return this completed form with your \$10.00 annual dues.

_____ LaSalle County Annual Dues \$10.00 (Make checks payable to LSCRТА)

_____ Benevolent Fund Donation – Optional (May be included in the dues check)

_____ Legal Defense Fund Donation- Optional (May be included in the dues check)

Your name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: ____/____/____ Phone: _____

School District Retired From: _____ Year Retired: _____

E-mail: _____

Mail this form and your check made out to LSCRТА to:

Mary Trovero, Membership Chairperson
2553 E. 259th Road
Peru, IL 61354-9409

If you have any questions, please call or text me at (815) 228-0911 or e-mail me at ctrovero@comcast.net