



PCRTA/ORTA Membership Form

Name _____

Retirement School/Year _____

Mailing Address _____

City, State, Zip _____

E-mail Address _____

Phone _____

Last 4 digits of Social Security Number

Gift Membership from _____

I would be willing to get
newsletter by E-Mail. _____ Yes _____ No

PCRTA & ORTA ANNUAL DUES 2023

(PCRTA \$10 +ORTA \$30) = \$40 _____

Scholarship donation _____

PCRTA Life Membership \$150 _____

ORTA Life Membership \$500 _____

TOTAL _____

Make one check payable to PCRTA. Mail the completed form and check to:

JoAnn McEwen, Treasurer, 6377 Marchinn Dr, Ravenna, OH 44266-1711

Any questions, please call JoAnn McEwen at 330-808-4578