

MEMBERSHIP FORM

Important Information: To process your LLRTA membership, print the form and then complete the information in a clearly-printed format.

Contact Information						
Name:						
Current Stree	t Address:					
City:			State:		ZIP:	
Phone:		е	-mail:			
Retirement	District:		Date:			
		Тур	e of Members	hip		
your selection single payme	n of membersh ent or in an inst	re are two options for hip below by checking allment plan. Indicate One-time or Installme	Annual or Life Me which of the two	lembership.	Life members	hip can be paid in a
	e Membersh					
	One-tin	ne payment of \$15 OR	0.00			
	First ye Each of	nent Payment Plar ar: \$35.00 the next four (4) ye ou will receive Life N	ears: \$30 per ye		conclusion of	this payment
		and a check - paya Gil Deimel 1908 Creighton Ro Springfield, Illinois	oad	- to the LI	₋RTA Treasuı	er:
Date Receive		CHAIR USE ONLY		Amount R	occived:	
Check Number:			Amount K	eceiveu.		
Type of Men	nbership:	Annual	Life			
			Year 1	\$30.00	Year 3	\$30.00
LLRTA Men	nbership Form 2018	.	Year 2	\$30.00	Year 4	\$30.00