



UTLA-R LIFE MEMBERSHIP

Return form to UTLA Membership Office Keep a copy for your records

Circle Appropriate Area:

Date: _____

CENTRAL	EAST	HARBOR	NORTH	SOUTH	VALLEY-EAST	VALLEY-WEST	WEST	OTHER _____
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Employee # _____ School Name: _____

UTLA Member: _____
Last Name First Name Initial

Personal Email: _____

Retirement Date: _____ Fee: **\$358.30** Check # _____

Payable to: UTLA

Signature required for "Honorary Retired Membership Approvals" only

Authorizing Area Chair/BOD Name: _____
Authorizing Area Chair/BOD Signature: _____ Date: _____