



# UTLA-R LIFE MEMBERSHIP

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

Enter Appropriate Area: \_\_\_\_\_

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Name of UTLA Member: \_\_\_\_\_  
Last First Initial

Employee # \_\_\_\_\_ Fee: \$358.30 Check # \_\_\_\_\_  
Payable to: UTLA

Authorizing Area Chair/BOD Name: \_\_\_\_\_

Authorizing Area Chair/BOD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**UTLA MEMBERSHIP DEPARTMENT USE ONLY:**

PROCESSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

RETIRED-LIFE MEMBERSHIP #