

# THERE ARE THREE WAYS TO JOIN TRTA!

Check what option you currently use or wish to use in 2021-2022.

**Option 1 – Annual Dues: \$45.** Amount includes TRTA state and local unit dues. Complete and return *only* the local unit form provided below.

**Option 2 –Monthly Payroll Deduction: \$2.92** drawn monthly from your TRS annuity. **Complete and send Form 593 (attached) to TRTA at 313 E 12<sup>th</sup> St, Ste 200, Austin, TX 78701 (not to TRS as stated on Form 593).** You must pay your local dues with the form below. For current members (renewals) the payroll deduction will begin July 1. New members will have monthly dues deducted when they join. (If you are currently on the payroll deduction plan, simply return the form below with your \$10 local dues.)

**Option 3** –Attach a voided check for the account debited (deposit slips are not accepted) and complete this form. Submit voided check and this form to Texas Retired Teachers Association (TRTA) at the address above. I authorize my bank to honor drafts drawn by Texas Retired Teachers Association and/or its designees for TRTA membership dues. I hereby authorize TRTA to initiate debit entries on my account. This authority is to remain in effect until revoked by me in writing and until TRTA receives such notice. I agree that TRTA shall be fully protected in honoring such debit. I authorize future increases and/or decreases in the cost of membership dues to be automatically deducted without further authorization from me.

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you select **Option 1** above, return only the form below. **For Options 2 and 3, return this entire page.**  
**Make all checks payable to MJCRSP.**

**FOR THE FORM BELOW: OPTION 1: \$45 OPTIONS 2 & 3: \$10**

**Mid-Jefferson County Retired School Personnel Membership Form 2021-2022**  
(Membership drive begins on March 1 each calendar year.)

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  Check if cell only

<b>Please check one:</b> New Member _____	Membership Renewal _____	(2021-2022)
Active Member (TRTA & LOCAL) (Receiving TRS Annuity)		\$45.00 _____
Associate Member (TRTA & LOCAL) (Active teachers/spouses, etc.)		\$45.00 _____
Life Member (LOCAL dues only)		\$10.00 _____
Current Monthly Member (Payroll Deduction/Bank Draft; Local dues only)		\$10.00 _____
Add \$1 (or more) toward our annual Book Project		\$1.00 _____
Scholarship Donation (optional)		\$ _____
	<b>TOTAL</b>	\$ _____

Make Check Payable to: **MJCRSP**  
Mail to Wanda Borne, 6975 Olympic, Port Arthur, TX 77642  
or bring form and check to MJCRSP meeting.

*Monthly meetings are held by Zoom, or at the  
Ritter Senior Citizen Center, 914 Boston Avenue in Nederland  
the 2nd Tuesday of every month at 1:30.*

Recruited by \_\_\_\_\_ before 9/30/2021

Mid-Jefferson County Retired School Personnel

TRS 593  
Rev. 07-15

TEACHER RETIREMENT SYSTEM OF TEXAS  
1000 Red River Street, Austin, Texas 78701-2698  
Telephone (512) 542-6400 or 1-800-223-8778  
www.trs.texas.gov



**ASSOCIATION DUES**  
**PAYROLL DEDUCTION AUTHORIZATION**

*MAIL (do not fax) this form to:*  
**TEACHER RETIREMENT SYSTEM OF TEXAS**  
**1000 Red River Street**  
**Austin, Texas 78701-2698**

By signing below, I authorize the Teacher Retirement System of Texas (TRS) to withhold each month 1/12 (one-twelfth) of my annual Texas Retired Teachers Association (TRTA) membership dues from my TRS monthly annuity payment. I understand that the amount of TRTA membership dues is set by TRTA (not TRS) and that to receive membership dues information, I must contact TRTA at (512) 476-1622 or 1-800-880-1650. I understand and agree that the monthly deduction from my TRS annuity will **automatically** increase upon the effective date of all future increases in TRTA membership dues unless this authorization is cancelled in a manner indicated below.

Also, I understand and agree to the following:

- As provided in Texas Government Code §825.507(b)(6), I authorize TRS to disclose to TRTA the following information: date TRS received this form; name, TRTA number, and Social Security number reflected on this form; and dates and amounts of dues deductions made from my annuity and if provided below my phone number.
- This deduction will be effective no earlier than the first annuity payment after this authorization is received by TRS. However, once begun, this deduction will remain effective until the earliest of the following: 1) the date my annuity terminates for any reason; 2) the date the Association Dues Deduction Agreement between TRS and TRTA is terminated for any reason; or 3) the date of the first annuity payable after the date TRS receives a signed form TRS 594, *Association Dues Payroll Deduction Cancellation*, unless this cancellation form is received by TRS after the monthly payroll cutoff date established by TRS. In that event, the deduction will continue until the first annuity payable for the month after the month in which TRS receives the cancellation form.
- All other appropriate deductions will be made from my annuity before TRTA dues are deducted. If the amount of my annuity payable is not sufficient for such dues deduction, no deduction will occur.
- TRS assumes no liability or responsibility for any disputes, damages or other consequences relating to dues deduction or this authorization.
- **TRS is not affiliated or associated in any way with TRTA, nor is TRTA authorized to act on behalf of TRS.**

To ensure processing of this request, all of the information in the blanks below must be complete and accurate. Please print your name as it appears on the mail you receive from TRS.

Printed Name \_\_\_\_\_

TRTA Member ID Number \_\_\_\_\_

If you are not currently a TRTA member, please leave blank. A TRTA Member ID number will be assigned to you after your membership application is processed. If you are already a TRTA member and are now requesting payroll deduction for payment of TRTA dues, please provide your current TRTA member ID number.

Social Security Number \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_