

**HAMILTON COUNTY RETIRED TEACHERS ASSOCIATION**  
**Membership Registration**

To join the Hamilton County Retired Teachers Association, complete this form.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Year Retired: \_\_\_\_\_ School or Corporation: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred contact method for meetings (please circle one)    phone        evite

**Mail membership information and check to:**

**Laura Eller**  
**9830 Deering Street**  
**Fishers, IN 46037**

Did you know that your non-teacher spouse can be an Associate Member? If your spouse would like to join, please print the name below and include any information that is different from yours. Also add another \$6.00 when remitting this form for the Associate membership. Thank you.

Membership chair use:

Membership year: \_\_\_\_\_

Data entered: \_\_\_\_\_