

FROM WATERTOWN RTA TREASURER. Print this form (with local unit's name) on envelope. For distribution to new attendees at each meeting.

WARTA – SDRTA MEMBERSHIP

Date: _____

Name: _____

(first) (last)

Address: _____

City _____ State _____ Zip Code _____

Email: _____ **Phone #:** _____

Local Dues: _____ **New Renew Life Cash:** _____

(circle one)

State Dues: _____ **New Renew Life Check #** _____

(circle one)

I would like to receive the SDRTA newsletter online: _____ Yes _____ No

Winter (Snow Bird) Address for Newsletter:

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____