



**UNITED TEACHERS LOS ANGELES
RETIRED MEMBERSHIP APPLICATION**
3303 Wilshire Blvd., 10th Floor ♦ Los Angeles, CA 90010
(213) 487-5560 / (800) 556-8852



I hereby authorize the State Teachers Retirement System to deduct my UTLA-R dues. I understand that STRS will forward such authorized deductions to UTLA-R for processing. Should there be a dues adjustment deemed necessary by UTLA-R, I authorize the adjustment of dues be made and my membership continued. It is understood that my dues deduction will commence two months after this application is received by STRS. In the event I wish to terminate membership, I must inform UTLA-R in writing at the above address.

Signature _____ Date _____

UNITED TEACHERS LOS ANGELES RETIRED MEMBERSHIP APPLICATION
***STRS Dues Deduction* - Automatic Pension Deduction of \$2.38 per month**

Mr./Mrs./Ms. _____
Last First Initial

Address _____

_____ City State Zip Code

Phone #() _____ Social Security # _____

LAUSD Emp.# _____ UTLA-R Retired # _____
(if known) (office use only)

TURN APPLICATION OVER FOR SIGNATURE

