



UTLA-R LIFE MEMBERSHIP

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

Check Appropriate Area:

Date: _____

CENTRAL EAST HARBOR NORTH SOUTH VALLEY-EAST VALLEY-WEST WEST OTHER _____

Employee # _____ School Name: _____

UTLA Member: _____
Last Name First Name Initial

Address: _____

_____ City State Zip Code

Personal Email: _____

Mobile Phone: _____ Land Line: _____

Retirement Date: _____ Fee: **\$358.30** Check # _____

Signature required for "Honorary Retired Membership Approvals" only

Payable to: UTLA

Authorizing Area Chair/BOD Name: _____

Authorizing Area Chair/BOD Signature: _____ Date: _____