



MEMBERSHIP FORM

To join the ART, please complete this membership form and return it with a check to P.O. Box 57438, Sherman Oaks, CA 91413.

NAME (LAST) _____ (FIRST) _____ MI _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____ Email _____

Choose one of two options below. If you choose option number two, please include your Social Security number:

1. Annual Member - \$36/year

2. STRS Dues Deduction - \$36/year (\$3/month)

SS# _____

I authorize the State Teachers' Retirement System to deduct my ART dues monthly. Should the amount of dues be adjusted, as deemed by ART, I authorize that the payments shall continue unless I notify ART in writing otherwise.

Signature _____ **Date:** _____