

HARTA MEMBERSHIP FORM for enrollment or renewal Updated May 2025

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(Please fill in all blanks) Name	Da	ite	_ New Member _	Renewing
If you are a new member, who referred yo	u or how did you hear about H	IARTA?		
Address	City		State	_ Zip
Birthday: Mo Day Cell Phone	e a	nd/or Home Ph	one	
Email	TR	TA Member # (it	f known)	
Emergency contact for trips: Name	R	elationship	Cell #	
I receive a monthly annuity from Th	RS.			
I am paying both my TRTA dues of \$3	35 and my HARTA dues of \$10. I c	we \$45.		
I already pay my TRTA dues monthly	by <u>TRS annuity</u> or <u>bank draft</u> auto	o deduction, I an	n paying my HARTA	dues. I owe \$10.
I have already paid my TRTA dues of	\$35 by check or credit card. I an	n paying my HAR	TA dues only. I owe	\$10.
I do not receive a monthly annuity	from TRS, but I want TRTA gro	oup benefits.		
I am paying both my TRTA dues of \$3	35 and my HARTA dues of \$10. I c	we \$45.		
I already pay my TRTA dues monthly	by <u>bank draft</u> auto deduction, I a	m paying my HA	RTA dues. I owe \$1	0.
I have already paid my TRTA dues of	\$35 by check or credit card. I an	n paying my HAR	TA dues only. I owe	\$10.
I am a Donor / Friend / Spouse who	wishes to support HARTA.	I owe \$10		
Designate donation to: General F	unds or Scholarship I	Funds or	_ Where Needed	
Or Donation Honoring (Name)				
Address to notify honoree (if desired)				
Amount Paid Cash or Ck #	Mail Checks payable	e to HARTA, PC	Box 5102, Kingw	ood, TX 77325
* For the HARTA directory & publicat ———————————————————————————————————	mail address, phone # and birthd Please do not include me in t	lay (no year) he directory (opt	t out entirely)	