

AN INVITATION

YOU ARE INVITED TO BECOME A MEMBER OF THE ARKANSAS RETIRED TEACHERS ASSOCIATION!

It is the only organization in the state that devotes its interest and efforts, exclusively, toward improving the welfare of retired educators.

ARTA is affiliated with the National Retired Teachers Association and the AARP. It has more than 10,000 members and 70 active units throughout the state. The association works (1) to improve and maintain the economic status of retired educators and (2) to promote community service at the local level.

One of ARTA's major objectives is to protect the Arkansas Teacher Retirement System Fund from unwarranted attempts by outside agencies to "borrow" or otherwise appropriate these resources.

ARTA endeavors have been successful during the past 60 years due to a strong membership base. We invite you to become an active participant in our efforts to maintain and protect your current and future retirement benefits.

You may become a member by completing our membership form on the back page of this brochure.

We believe ARTA is a good investment for you and we look forward to working with you as an active member of our association.



Steve Singleton
Executive Director

WHAT IS ARTA?

The Arkansas Retired Teachers Association is an independent non-profit organization of more than 10,000 retired educators. ARTA's objectives are:

- To promote the professional, economic, intellectual, social and healthy well-being of retired educators.
- To provide and maintain a functional and united organization for all retired school personnel.
- To provide guidance to activities of local units of ARTA.
- To promote worthy educational, social and civic endeavors through volunteer service.

WHAT ARTA IS NOT!

ARTA is not the Teacher Retirement System of Arkansas (ATRS). ATRS is the state agency that is responsible for investing our retirement fund and disbursing our retirement benefits. To contact ATRS, call 1-800-666-2877.

MAIL CHECKS TO:

ARTA Membership

1200 Commerce • Little Rock, AR 72202

Contact us at: 1-888-929-0955

Pulaski County: 501-375-2958

BENEFITS OF ARTA MEMBERSHIP

1. Legislative representation for improved retirement benefits.
2. Fellowship with retired colleagues.
3. Retirement planning programs.
4. Informative and protective services.
5. Community service opportunities.
6. Health services programs.
7. Conferences and conventions
8. Informative publications.
9. Travel opportunities.
10. Member Discount Program
 - a. Long-term care Insurance
 - b. Hearing Aid Services
 - c. Multi-Benefits Services

MEMBERSHIP OPTIONS

- 1) Continuing (\$1.50 per month, requires payroll deduction from retirement benefit check)
- 2) Life (\$15.00 deducted from retirement check for 12 months, beginning in July and ending in June (\$180.00 total))
- 3) Annually (\$18.00 check once a year)
- 4) Life (One time payment - \$180.00 check)

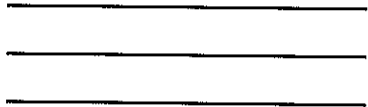
Your
Invitation
To Join



Arkansas Retired
Teachers Association

A
Professional
Association of
Retired Educators

Since 1940



PLACE
STAMP
HERE

ARKANSAS RETIRED TEACHERS ASSO
PARKVIEW TOWERS
1200 COMMERCE ST STE 103
LITTLE ROCK AR 72202-5161

TO RETURN - TAPE HERE



MEMBERSHIP APPLICATION - ARKANSAS RETIRED TEACHERS ASSOCIATION

Act 105 of 1985 authorizes the Teacher Retirement System to deduct your ARTA dues from your monthly benefit check if you desire. This authorization makes you a Continuing Member or Life Member of the association and will be cancelled only by a written notice from you to the retirement system. If you wish the system to perform this service, please select one of the following options, sign and return this form.

I. CONTINUING MEMBERSHIP

I elect to have standard dues of \$1.50 per month deducted from my benefit check for ARTA dues.

II. LIFE MEMBERSHIP

I elect to have \$15.00 deducted from my benefit checks for 12 months, beginning in July and ending in June. (Total \$180)

Direct Payment:

Annual Membership (\$18.00 Check Enclosed)

Life Membership (one time payment (\$180.00 Check Enclosed))

Name _____ Signature _____

Address _____ City/State/Zip _____ County _____

Telephone _____ Social Security Number _____ Date _____

(To use brochure for a return envelope, fold this form inside)