



CTC Retirees Association Application

Please enter the requested information below, print the form, and mail with check to the address shown at the bottom of the page.

First Name _____

Last Name _____

Street Address _____

City _____ State ____ ZIP _____

Telephone _____

Email _____

Dates of Service FROM _____ TO _____

Type of Membership:

Disabled Personnel	\$0
Salaries < \$25,000	\$20
Salaries > \$25,000	\$35
Associates	\$20

Make check payable to **CTC Retirees Association**. Return form and check to address below.

CTC Retirees Association
PO Box 10904
Killeen, TX 76543