

RCHTF MEMBERSHIP FORM

**Retiree Chapter, Hammond Teachers Federation
Local 394**

NAME: _____

ADDRESS: _____

_____, _____, _____
(City) (State) (Zip Code)

TELEPHONE: (HOME): () _____ - _____

(CELL): () _____ - _____

E-MAIL: _____

(We always BCC for your confidentiality)

MEMBERSHIP HISTORY: Year Retired from SCH _____

2016 _____ 2017 _____ 2018 _____ 2019 _____ 2020 _____

2021 _____ 2022 _____ 2023 _____ 2024 _____ 2025 _____

\$10.00 Annual membership dues

Complete the above form & make checks payable to RCHTF

Send to:

**RCHTF
5930 Hohman Avenue, Suite 212
Hammond, IN 46320**

Email: rchtf394@yahoo.com

Website: www.rchtf.weebly.com